## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

Delbert Hosemann
SECRETARY OF STATE

DECELY SI

JAN 2 5 2017

Secretary of State
Capitol Office

WALTER MICHEL Name of Candidate County\_HINDS 2660 RIDGEWOOD ROAD, #101 **Address** 601-352-0757 601-353-2858 Telephone SENATE, DISTRICT 25 Email Address WALTER@WALTERMICHEL.COM Office Sought Check here if above is different from previous report All candidates, excluding judicial candidates on the November 2016 General Election ballot. Termination Report (Candidate will no longer accept contributions, make Required to terminate reporting Expenditures, has no outstanding debt obligation and zero cash on hand balance.) obligations

#### **IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

# REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-itemized = This Period Calendar Year-To-Date Total amount of contributions \$61,809.88 + 18,374.00 \$80,183.88 \$80,183.88 Total amount of disbursements \$126,396.55 + 3,152.35 \$129,548.90 \$129,548.90 Total amount of cash on hand \$310,638.73 I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the

amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Signature of Candidate

SEND TO:
1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections

Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.

3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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|      |    |  |

| Name of Candidate or Committee | WALTER MICHEL |              |
|--------------------------------|---------------|--------------|
| Reporting period 01/01/2016    | throug        | h 12/31/2016 |

| A. Source: Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each receipt this period   |
|---|--|--|
| Full name   | 03 / 02 / 16   |  |
| 1ST FRANKLIN FINANCIAL  | <u> </u>   | \$ 500.00  |
| Mailing Address   |  | \$   |
| P.O. BOX 880  |  | 1  |
| City, State, Zip Code   |  | \$   |
| TOCCOA, GA 30577  |  |  |
| Name of Employer (Required)   |  | \$   |
| Occupation (Required)   | Aggregate<br>year–to-date  | \$ 500.00  |
| B. Source: Corporation PAC Individual Loan  | Date   | Amount of each receipt   |
| Other (please specify)     LLP  | (Mo., Day, Year)   | this period  |
| Full name   | 02 / 15 / 16   | \$ 250.00  |
| ADAMS AND REESE, LLP  | 102 / 115 / 110  | \$ 250.00  |
| Mailing Address   | T, T, T  | \$   |
| 1018 HIGHLAND COLONY PARKWAY #800   |  | <b>*</b> L   |
| City, State, Zip Code   |  | \$   |
| RIDGELAND, MS 39157   |  | <b>3</b> [   |
| Name of Employer (Required)   |  | \$ [   |
| Occupation (Required)   | Aggregate<br>year–to-date  | \$ 250.00  |
| C. Source Corporation PAC Individual Loan   | Jour 10  |  |
| C. Source Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period   |
|   | (Mo., Day, Year)   | receipt<br>this period   |
| Other (please specify)  |  | receipt  |
| Other (please specify) LLC  | (Mo., Day, Year)   | receipt this period  |
| Other (please specify) LLC  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  | (Mo., Day, Year)   | receipt<br>this period   |
| Other (please specify) LLC  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code   | (Mo., Day, Year)   | receipt this period  \$ 500,00   |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  | (Mo., Day, Year)   | receipt this period  |
| Other (please specify) LLC  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code   | (Mo., Day, Year)  11 / 30 / 16  1 / / /  | receipt this period  \$ 500,00   |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  | (Mo., Day, Year)   | receipt this period  \$ 500.00  \$   |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)   | (Mo., Day, Year)  11 / 30 / 16  1 / 1 / 1  1 / 1 / 1  Aggregate                        | receipt this period  \$ 500.00  \$ 500.00  |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period                       |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date                  | receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt  |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period                       |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT&T POLITICAL ACTION COMMITTEE  Mailing Address   | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 100.00 |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT&T POLITICAL ACTION COMMITTEE  Mailing Address  111 E. CAPITOL STREET, #6030  City, State, Zip Code  JACKSON, MS 39201 | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00            |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT&T POLITICAL ACTION COMMITTEE  Mailing Address  111 E. CAPITOL STREET, #6030  City, State, Zip Code                    | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 100.00 |
| Other (please specify)  Full name ADVANCE AMERICA  Mailing Address  135 N. CHURCH STREET  City, State, Zip Code  SPARTANBURG, SC 29306  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  AT&T POLITICAL ACTION COMMITTEE  Mailing Address  111 E. CAPITOL STREET, #6030  City, State, Zip Code  JACKSON, MS 39201 | (Mo., Day, Year)  11 / 30 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 1      |

| Page |  | of |  |
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|------|--|----|--|

| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
|                                |                    |
| Reporting period 101/01/2016   | through 12/31/2016 |

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
|--|---|--|
| Other (please specify)   | Production   Company   Parisonness  |  |
| Full name ATMOS ENERGY CORPORATION PAC   | 03 / 04 / 16  | \$ 500.00  |
| Mailing Address  |   | \$   |
| 790 LIBERTY ROAD   |   | J  |
| City, State, Zip Code  |   | \$ [   |
| FLOWOOD, MS 39232  |   | Ψ ]  |
| Name of Employer (Required)  |   | \$   |
|  | Aggregate   | NAME AND ADDRESS OF THE PARTY O |
| Occupation (Required)  | year–to-date  | \$ 500.00  |
| B. Source: Corporation PAC Individual Loan   | Date  | Amount of each receipt   |
| Other (please specify)   | (Mo., Day, Year)  | this period  |
| Full name  | 03 / 02 / 16  | \$ 1000.00   |
| BANKPLUS PAC   |   | + 11000.00   |
| Mailing Address  |   | \$   |
| 1068 HIGHLAND COLONY PARKWAY   |   |  |
| City, State, Zip Code  |   | \$   |
| RIDGELAND, MS 39157  | present gamerace, passants;   |  |
| Name of Employer (Required)  | 1 1   | \$   |
| Occupation (Required)  | Aggregate<br>year–to-date   | \$ 1000.00   |
| Today Marie  | year-to-date  | \  |
| TARREST TO STATE OF THE STATE O |   | A was a sum & of a coh   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)   | (Mo., Day, Year)  | receipt<br>this period   |
| Parameter and the second secon |   | receipt  |
| Other (please specify)   | (Mo., Day, Year)  | receipt<br>this period<br>\$ 250.00  |
| Other (please specify)  Full name  CAPITOL STREET CORPORATION  | (Mo., Day, Year)  | receipt<br>this period   |
| Other (please specify)  Full name  CAPITOL STREET CORPORATION  Mailing Address   | (Mo., Day, Year)  | receipt<br>this period<br>\$ 250.00  |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485   | (Mo., Day, Year)  | receipt this period  \$ 250.00   |
| Other (please specify)  Full name  CAPITOL STREET CORPORATION  Mailing Address  P.O. BOX 12485  City, State, Zip Code  | (Mo., Day, Year)  | receipt this period  \$ 250.00   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236   | (Mo., Day, Year)  | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  | (Mo., Day, Year)    02   18   16                                   Aggregate   year-to-date    Date | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)   | (Mo., Day, Year)    02   18   16   Aggregate   year-to-date   | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan   | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  | (Mo., Day, Year)    02   18   16                                   Aggregate   year-to-date    Date | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  Mailing Address   | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  Mailing Address P.O. BOX 550  | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  Mailing Address   | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00  |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  Mailing Address P.O. BOX 550  City, State, Zip Code   | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name CAPITOL STREET CORPORATION  Mailing Address P.O. BOX 12485  City, State, Zip Code  JACKSON, MS 39236  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name CHECK INTO CASH OF MS, INC.  Mailing Address P.O. BOX 550  City, State, Zip Code CLEVELAND, TN 37311   | (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 50.00  Amount of each receipt this period  \$ 500.00  \$ 500.00   |

| Name of Candidate or Committee | WALTER MICHEL      | Page of |
|--------------------------------|--------------------|---------|
| Reporting period 01/01/2016    | through 12/31/2016 |         |
|                                | EMIZED RECEIPTS    |         |

| HEMIZED RECEIPTS  |   |   |  |  |
|---|---|---|--|--|
| A. Source: Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)                      | Amount of each receipt this period  |  |  |
| Full name   | 03 / 02 / 16                                  | \$ 1000.00  |  |  |
| COMCAST CORPORATION & NBC UNIVERSAL PAC   | personal formation                            | 1   |  |  |
| Mailing Address 1701 JFK BOULEVARD  |   | \$  |  |  |
| City, State, Zip Code   |   | \$  |  |  |
| PHILADELPHIA, PA 19103  |   | <u> </u>  |  |  |
| Name of Employer (Required)   | /   | \$  |  |  |
| Occupation (Required)   | Aggregate<br>year–to-date                     | \$ 1000.00  |  |  |
| B. Source: Corporation PAC Individual Loan  | Date  | Amount of each  |  |  |
| Other (please specify) LLC  | (Mo., Day, Year)                              | receipt<br>this period  |  |  |
| Full name   | 02 / 02 / 16                                  | \$ 500.00   |  |  |
| CORNERSTONE GOVERNMENT AFFAIRS, LLC   |   | Ψ [500,00   |  |  |
| Mailing Address   | $\square$ $/$ $\square$ $/$ $\square$         | \$  |  |  |
| 188 E. CAPITOL STREET, #910 City, State, Zip Code   | parameter; parameter, presenter;              |   |  |  |
| JACKSON, MS 39201   |   | \$  |  |  |
| Name of Employer (Required)   |   | \$ [  |  |  |
| Occupation (Required)   | Aggregate<br>year–to-date                     | \$ 500.00   |  |  |
| C. Source Corporation PAC Individual Loan   |   | Amount of each  |  |  |
| Other (please specify)  | Date<br>(Mo., Day, Year)                      | receipt<br>this period  |  |  |
|   |   | l   |  |  |
| Full name   | 02 / 02 / 16                                  | \$ 500.00   |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT  | 02 / 02 / 16                                  | \$ 500.00   |  |  |
| Full name   | 02 / 02 / 16                                  | \$ [500.00<br>\$  |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT Mailing Address  | 02 / 02 / 16                                  | \$  |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  | 02 / 02 / 16                                  |   |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code   | 02 / 02 / 16                                  | \$  |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  |   | \$  |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT  Mailing Address P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)   | //  | \$  |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)   |   | \$  |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | Aggregate year-to-date  Date (Mo., Day, Year) | \$   Source   |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full name  CRESS DEVELOPMENT, LLC   | Aggregate year-to-date  Date                  | \$   Source   |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | Aggregate year-to-date  Date (Mo., Day, Year) | \$   Sou.ou   |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  CRESS DEVELOPMENT, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code                      | Aggregate year-to-date  Date (Mo., Day, Year) | \$   Solution   Solutio |  |  |
| Full name CORPORATE RELATIONS MANAGEMENT  Mailing Address P.O. BOX 84  City, State, Zip Code CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name CRESS DEVELOPMENT, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code RIDGELAND, MS 39158       | Aggregate year-to-date  Date (Mo., Day, Year) | \$   Source   |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  CRESS DEVELOPMENT, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code                                 | Aggregate year-to-date  Date (Mo., Day, Year) | \$   S   S   S   S   S   S   S   S   S  |  |  |
| Full name  CORPORATE RELATIONS MANAGEMENT  Mailing Address  P.O. BOX 84  City, State, Zip Code  CANTON, MS 39046  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  CRESS DEVELOPMENT, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158 | Aggregate year-to-date  Date (Mo., Day, Year) | \$   S   S   S   S   S   S   S   S   S  |  |  |

| Name of Candidate or Committee | VALTER MICHEL      | Page of |
|--------------------------------|--------------------|---------|
| Reporting period 01/01/2016    | through 12/31/2016 |         |
| •                              | MIZED DECEIDTO     | 2       |

| A. Source: Corporation PAC Individual Loan  | Date<br>(Mo., Day, Year)   | Amount of each receipt  |
|---|--|---|
| Other (please specify)  | ,  | this period   |
| Full name   | 03 / 02 / 16   | \$ 1000.00  |
| DENBURY RESOURCES, INC.  Mailing Address  | garrente; personer; posserer;  |   |
|   |  | \$  |
| 5320 LEGACY DRIVE City, State, Zip Code   | Mantenant, Possession, Semestran,  |   |
|   |  | \$  |
| PLANO, TX 75024   | general personal property  | 1000  |
| Name of Employer (Required)   |  | \$  |
| Occupation (Required)   | Aggregate<br>year–to-date  | \$ 1000.00  |
| B. Source: Corporation PAC Individual Loan  |  | Amount of each  |
|   | Date   | receipt   |
| Other (please specify)  | (Mo., Day, Year)   | this period   |
| Full name   | 03 / 02 / 16   | \$ 500.00   |
| ENPAC MISSISSIPPI   |  | \$  500.00  |
| Mailing Address   |  | \$ [  |
| P.O. BOX 1640   |  | <b>3</b>  |
| City, State, Zip Code   | principal princi | **************************************  |
| JACKSON, MS 39215   |  | \$  |
| Name of Employer (Required)   | Parameter processor professor  | <u> </u>  |
|   | <del>                                   </del>   | \$  |
| Occupation (Required)   | Aggregate  | \$ 500.00   |
|   | year-to-date   | 1 300.00  |
|   |  |   |
| C. Source Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
| Other (please specify)  | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)  |  | receipt   |
| Other (please specify) LLC  Full name FIRST HERITAGE CREDIT, LLC  | (Mo., Day, Year)   | receipt this period \$ 1000.00  |
| Other (please specify) LLC  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address   | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101   | (Mo., Day, Year)   | receipt this period  \$ 1000.00   |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  | (Mo., Day, Year)   | receipt this period \$ 1000.00  |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157   | (Mo., Day, Year)   | receipt this period  \$ 1000.00  \$ \$  |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  | (Mo., Day, Year)   | receipt this period  \$ 1000.00   |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157   | (Mo., Day, Year)   | receipt this period  \$ 1000.00  \$ \$  |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address 605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address 605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 5   |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)   | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ \$ 1000.00  \$ 1000.00  Amount of each receipt this period                      |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address 605 CRESCENT BOULEVARD, #101  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan   | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                              |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)   | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00             |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address 605 CRESCENT BOULEVARD, #101  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name HOME BUILDERS ASSOCIATION OF MS, INC.  | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ \$ 1000.00  \$ 1000.00  Amount of each receipt this period                      |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name HOME BUILDERS ASSOCIATION OF MS, INC.  Mailing Address P.O. BOX 3556  City, State, Zip Code                    | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name HOME BUILDERS ASSOCIATION OF MS, INC.  Mailing Address P.O. BOX 3556  City, State, Zip Code  JACKSON, MS 39207 | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00             |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name HOME BUILDERS ASSOCIATION OF MS, INC.  Mailing Address P.O. BOX 3556  City, State, Zip Code                    | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |
| Other (please specify)  Full name FIRST HERITAGE CREDIT, LLC  Mailing Address  605 CRESCENT BOULEVARD, #101  City, State, Zip Code  RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name HOME BUILDERS ASSOCIATION OF MS, INC.  Mailing Address P.O. BOX 3556  City, State, Zip Code  JACKSON, MS 39207 | (Mo., Day, Year)    02   | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |

| Name of Candidate or Committee | WALTER MICHEL      | Page of |
|--------------------------------|--------------------|---------|
| Reporting period 01/01/2016    | through 12/31/2016 |         |
| ITI                            | EMIZED DECEIDTS    |         |

| A. Source: Corporation PAC Individual Loan  | Date<br>(Mo., Day, Year)   | Amount of each receipt  |
|---|--|---|
| Other (please specify) PA   | THE PARTY AND ADDRESS OF THE PARTY OF THE PA | this period   |
| Full name   | 02 / 18 / 16   | \$ 500.00   |
| HUFFMAN & COMPANY, CPA, PA Mailing Address  | bentes: brown: because   |   |
|   |  | \$  |
| P.O. BOX 321330   | Management Section Sections of the Section of the S |   |
| City, State, Zip Code   |  | \$  |
| FLOWOOD, MS 39232   | production of the second   | ,   |
| Name of Employer (Required)   | 11111  | \$  |
| Occupation (Required)   | Aggregate<br>year–to-date  | \$ 500.00   |
| B. Source: Corporation PAC Individual Loan  | Date   | Amount of each  |
| Other (please specify) LLC  | (Mo., Day, Year)   | receipt<br>this period  |
| Full name   | here here here   |   |
| JM HUGHES GROUP, LLC  | 02 / 02 / 16   | \$ 250.00   |
| Mailing Address   | ferrors: ferrors: ferrors:   |   |
| 147 HIGHLAND CIRCLE   |  | \$  |
| City, State, Zip Code   | Contraction Programme Assessment.  |   |
| JACKSON, MS 39211   |  | \$  |
| Name of Employer (Required)   |  | \$ [  |
|   |  | 3   |
| Occupation (Required)   | Aggregate  | \$ 250.00   |
|   | year-to-date   | ·   |
| C. Source Corporation PAC Individual Loan  Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
| Full name   |  |   |
| JOHNSON & JOHNSON CORPORATE POLITICAL FUND  | 09 / 08 / 16   | \$ 500.00   |
|   |  |   |
| Mailing Address   | parameter parameter positivates  | \$  |
| and and   |  | \$ [  |
| Mailing Address   |  |   |
| Mailing Address 1350   STREET NW, #1210   |  | \$  |
| Mailing Address 1350 I STREET NW, #1210 City, State, Zip Code   |  |   |
| Mailing Address 1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  |  | \$ [  |
| Mailing Address  1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)   | year-to-date   | \$   S00.00   |
| Mailing Address  1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  |  | \$  |
| Mailing Address  1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC / Individual Loan   | year-to-date  Date (Mo., Day, Year)  | \$   \$   \$   \$   \$   \$   \$   \$   \$   \$                           |
| Mailing Address  1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  | year-to-date<br>Date   | \$   \$   \$   \$   \$   \$   \$   \$   \$   \$                           |
| Mailing Address  1350   STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  Mailing Address   | year-to-date  Date (Mo., Day, Year)  | \$   \$   \$   \$   \$   \$   \$   \$   \$   \$                           |
| Mailing Address  13501 STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  Mailing Address  P.O. BOX 24087  | year-to-date  Date (Mo., Day, Year)  | \$   S00.00   Amount of each receipt this period   \$   1000.00   \$      |
| Mailing Address  135015TREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  Mailing Address  P.O. BOX 24087  City, State, Zip Code                    | year-to-date  Date (Mo., Day, Year)  | \$   S00.00   Amount of each receipt this period   \$   1000.00           |
| Mailing Address  13501 STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  Mailing Address  P.O. BOX 24087  | year-to-date  Date (Mo., Day, Year)  | \$   S00.00   Amount of each receipt this period   \$   1000.00   \$   \$ |
| Mailing Address  13501STREET NW, #1210  City, State, Zip Code  WASHINGTON, DC 20005  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  LENDERS POLITICAL ACTION COMMITTEE  Mailing Address  P.O. BOX 24087  City, State, Zip Code  JACKSON, MS 39225 | year-to-date  Date (Mo., Day, Year)  | \$   S00.00   Amount of each receipt this period   \$   1000.00   \$      |

| Name of Candidate or Committee | WALTER MICHEL      | Page of |
|--------------------------------|--------------------|---------|
| Reporting period 01/01/2016    | through 12/31/2016 |         |
|                                | EMIZED RECEIPTS    | S       |

|  | . •                                     |                                    |
|--|---|------------------------------------|
| A. Source: Corporation PAC Individual Loan | Date<br>(Mo., Day, Year)                | Amount of each receipt this period |
| Other (please specify) 1                   |   |                                    |
| MS ASPHALT CONTRACTOR PAC                  | 05 / 11 / 16                            | \$ 1000.00                         |
| Mailing Address                            | para para                               |                                    |
| P.O. BOX 904                               | <u> </u>                                | \$                                 |
| City, State, Zip Code                      |   |                                    |
| JACKSON, MS 39205                          |   | \$                                 |
| Name of Employer (Required)                |   |                                    |
|  |   | \$                                 |
| Occupation (Required)                      | Aggregate<br>year–to-date               | \$ 1000.00                         |
| B. Source: Corporation PAC Individual Loan | Date                                    | Amount of each receipt             |
| Other (please specify)                     | (Mo., Day, Year)                        | this period                        |
| Full name                                  | 03 / 03 / 16                            | \$ 1000.00                         |
| MAE - PAC                                  |   | <u> </u>                           |
| Mailing Address                            |   | \$                                 |
| 120 W. JACKSON STREET, #2A                 |   |                                    |
| City, State, Zip Code                      |   | \$                                 |
| RIDGELAND, MS 39157                        | Section Interest Income.                |                                    |
| Name of Employer (Required)                |   | \$                                 |
| Occupation (Required)                      | Aggregate<br>year–to-date               | \$ [1000.00                        |
| C. Source Corporation PAC Individual Loan  | , | Amount of each                     |
| Other (please specify)                     | Date<br>(Mo., Day, Year)                | receipt<br>this period             |
| Full name                                  | 02 / 02 / 16                            | \$ 500.00                          |
| MMHA - PAC                                 | The second second                       | -                                  |
| Mailing Address P.O. BOX 320369            |   | \$                                 |
| City, State, Zip Code                      | Security Security Systems               |                                    |
| FLOWOOD, MS 39232                          |   | \$                                 |
| Name of Employer (Required)                |   | \$                                 |
|  |   | 9                                  |
| Occupation (Required)                      | Aggregate<br>year–to-date               | \$ 500.00                          |
| D. Source: Corporation PAC Individual Loan | Date                                    | Amount of each                     |
| Other (please specify)                     | (Mo., Day, Year)                        | receipt<br>this period             |
| Full name                                  | 03 / 02 / 16                            | \$ 300.00                          |
| MONTGOMERY ENTERPRISES, INC.               | Janes Proposite Proposite               |                                    |
| Mailing Address P.O. BOX 37                |   | \$                                 |
| City, State, Zip Code                      |   | \$                                 |
| FULTON, MS 38843                           |   | T L                                |
| Name of Employer (Required)                |   | \$                                 |
| Occupation (Required)                      |   |                                    |
|  | Aggregate<br>year–to-date               | \$ 300.00                          |

|                                |                    | Page of |
|--------------------------------|--------------------|---------|
| Name of Candidate or Committee | WALTER MICHEL      |         |
| Reporting period 01/01/2016    | through 12/31/2016 |         |
| I.T.                           | CINIZED DECEIDES   |         |

| HEMIZED RECEIP  | 10                        |   |
|---|---------------------------|---|
| A. Source: Corporation PAC Individual Loan Other (please specify) | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| Full name   | 02 / 02 / 16              |   |
| MS ASSOCIATION OF REALTORS PAC                                    | 102   102   118           | \$ 500.00   |
| Mailing Address   |                           | \$  |
| P.O. BOX 321000   |                           | <b>3</b>  |
| City, State, Zip Code   |                           | \$ Particular and the second se |
| FLOWOOD, MS 39232   |                           | *   |
| Name of Employer (Required)                                       |                           | \$  |
| Occupation (Required)   | Aggregate                 | · parameter management and managemen  |
|   | year-to-date              | \$ 500.00   |
| B. Source: Corporation PAC Individual Loan                        | Date                      | Amount of each receipt  |
| Other (please specify) ASSN                                       | (Mo., Day, Year)          | this period   |
| Full name   | 02 / 03 / 16              | £   |
| MS BAIL AGENTS ASSOCIATION  | 102 / 103 / 110           | \$ 500.00   |
| Mailing Address   |                           | \$  |
| 413 S. PRESIDENT STREET, #111                                     | <u> </u>                  | Ψ ]   |
| City, State, Zip Code   | lane bear                 | \$  |
| JACKSON, MS 39201   | <u> </u>                  | *   |
| Name of Employer (Required)                                       |                           | \$  |
| Occupation (Required)   | Aggregate                 | \$ 500.00   |
|   | year-to-date              | ¥ [300.00   |
| C. Source Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| Full name   | 02 / 02 / 16              | \$ 500.00   |
| MS CONCRETE INDUSTRIES ASSOCIATION PAC                            | 102   1 102   1 110       | Ψ [300.00   |
| Mailing Address   |                           | \$  |
| P.O. BOX 14225  | <u> </u>                  |   |
| City, State, Zip Code   |                           | \$  |
| JACKSON, MS 39236   |                           |   |
| Name of Employer (Required)                                       |                           | \$  |
| Occupation (Required)   | Aggregate<br>year–to-date | \$ 500.00   |
| D. Source: Corporation PAC Individual Loan                        | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| Other (please specify)  | pagazar graner, garagar.  | triis period  |
| Full name   | 02 / 10 / 16              | \$ 1000.00  |
| MS DENTAL PAC Mailing Address                                     | Part Part                 | parameter and the second  |
| 439 KATHERINE DRIVE, #B   |                           | \$  |
| City, State, Zip Code   |                           | \$  |
| FLOWOOD, MS 39232   | 111111                    | Ψ   |
| Name of Employer (Required)                                       |                           | \$  |
| Occupation (Required)   | Aggregate<br>year–to-date | \$ 1000.00  |
|   | year-to-date              | 1   |

| Name of Candidate or Committee | WALTER MICHEL      | Page c |
|--------------------------------|--------------------|--------|
| Name of Candidate of Committee |                    |        |
| Reporting period 01/01/2016    | through 12/31/2016 |        |
| •                              | FMIZED RECEIPTS    |        |

|   | . •   |  |
|---|---|--|
| A. Source: Corporation PAC Individual Loan  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  | parameter parameter; pursuant,  | uns penod  |
| Full name MS HEALTH CARE ASSOCIATION PAC  | 02 / 18 / 16  | \$ 500.00  |
| Mailing Address   | parties parties parties   |  |
| 1076 HIGHLAND COLONY PARKWAY, #125  |   | \$   |
| City, State, Zip Code   | Embrane, fullwater, sources.  |  |
| RIDGELAND, MS 39157   |   | \$   |
| Name of Employer (Required)   |   |  |
| Name of Employer (Required)   |   | \$   |
| Occupation (Required)   | Aggregate<br>year–to-date   | \$ 500.00  |
| B. Source: Corporation PAC I Individual Loan  | Date  | Amount of each receipt   |
| Other (please specify)  | (Mo., Day, Year)  | this period  |
| Full name   | 02 / 02 / 16  | \$ 1000.00   |
| MS INDEPENDENT RX PAC   |   | 11000.00   |
| Mailing Address   |   | \$   |
| 4209 LAKELAND DRIVE, #399   |   | The second secon |
| City, State, Zip Code   |   | \$   |
| FLOWOOD, MS 39232   | CARLOR SANDAR   |  |
| Name of Employer (Required)   |   | \$   |
| Occupation (Required)   | Aggregate   | \$ 1000.00   |
|   |   |  |
|   | year-to-date  |  |
| C. Source Corporation PAC Individual Loan  Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period   |
| Other (please specify)  | Date  | Amount of each receipt   |
| Other (please specify)  Full name MS MEDICAL PAC  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 2000.00   |
| Other (please specify)  Full name  MS MEDICAL PAC  Mailing Address  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 2000.00   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158   | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1 / 1  1 / 1 / 1  Aggregate                      | Amount of each receipt this period  \$ 2000.00   |
| Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  | Date (Mo., Day, Year)    02   | Amount of each receipt this period  \$ 2000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan   | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1 / 1  1 / 1 / 1  Aggregate                      | Amount of each receipt this period  \$ 2000.00  \$   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | Date (Mo., Day, Year)    02   | Amount of each receipt this period  \$ 2000.00  \$   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS POWER COMPANY STATE PAC  | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period  \$ 400.00  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period   |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name MS POWER COMPANY STATE PAC  Mailing Address  | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period  \$ 400.00  \$  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name MS POWER COMPANY STATE PAC  Mailing Address 2605 13TH STREET  | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period  \$ 400.00  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name MS POWER COMPANY STATE PAC  Mailing Address 2605 13TH STREET  City, State, Zip Code  | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period  \$ 400.00  |
| Other (please specify)  Full name MS MEDICAL PAC  Mailing Address P.O. BOX 2548  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name MS POWER COMPANY STATE PAC  Mailing Address 2605 13TH STREET  City, State, Zip Code GULFPORT, MS 39502 | Date (Mo., Day, Year)  02 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 2000.00  \$ 2000.00  \$ 2000.00  Amount of each receipt this period  \$ 400.00  \$ 400.00   |

|   |               |            |    | Page _ of _ |
|---|---------------|------------|----|-------------|
| lame of Candidate or Committee $ar{m{b}}$ | WALTER MICHEL |            |    |             |
| Reporting period 01/01/2016               | through       | 12/31/2016 | _  |             |
|   | EMIZED        | RECEIP'    | TS |             |

| A. Source: Corporation PAC I Individual Loan   | Date  | Amount of each receipt   |
|--|---|--|
| Other (please specify)   | (Mo., Day, Year)  | this period  |
| Full name  | 03 / 02 / 16  | \$ 250.00  |
| МТРА РАС   |   | 7 230.00   |
| Mailing Address  |   | \$   |
| 345 HIGHWAY 6 W  |   |  |
| City, State, Zip Code  |   | \$   |
| BATESVILLE, MS 38606   |   |  |
| Name of Employer (Required)  | 1   | \$   |
| Occupation (Required)  | Aggregate<br>year–to-date   | \$ 250.00  |
| B. Source: Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Full name  | [an   [an   [an   |  |
| NOVARTIS PHARMACEUTICALS CORPORATION   | 03 / 02 / 16  | \$ 1000.00   |
| Mailing Address  | ACAMON MORNEY   | A  |
| 6201 SOUTH FREEWAY WR-57   |   | \$   |
| City, State, Zip Code  | Total Parent  |  |
| FORT WORTH, TX 76134   | <u> </u>  | \$   |
| Name of Employer (Required)  |   | \$   |
| the state of the s | <u> </u>  | <b>Y</b>   |
| Occupation (Required)  | Aggregate   | \$ 1000.00   |
|  |   |  |
| power and power and the state of the state o | year-to-date  | Commence of the Commence of th |
| C. Source Corporation PAC Individual Loan  Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period   |
|  | Date  | Amount of each receipt   |
| Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  Full name  NRA POLITICAL VICTORY FUND  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period   |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 250.00  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 250.00  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 250.00  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)   | Date (Mo., Day, Year)    02   | Amount of each receipt this period  \$ 250.00  \$  |
| Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  | Date (Mo., Day, Year)    02   | Amount of each receipt this period  \$ 250.00  \$  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  | Date (Mo., Day, Year)  O2 / 10 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  PhRMA  | Date (Mo., Day, Year)    02   | Amount of each receipt this period  \$ 250.00  \$  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name PhRMA  Mailing Address  | Date (Mo., Day, Year)  O2 / 10 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 250.00  \$ 250.00  Amount of each receipt this period   |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name PhRMA  Mailing Address  950 F STREET NW, #300   | Date (Mo., Day, Year)  O2 / 10 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 250.00  \$  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name PhRMA  Mailing Address  | Date (Mo., Day, Year)  O2 / 10 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 1000.00  |
| Other (please specify)  Full name NRA POLITICAL VICTORY FUND  Mailing Address  11250 WAPLES MILL ROAD  City, State, Zip Code  FAIRFAX, VA 22030  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name PhRMA  Mailing Address  950 F STREET NW, #300  City, State, Zip Code  | Date (Mo., Day, Year)  O2 / 10 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | Amount of each receipt this period  \$ 250.00  \$  |

| Page  |         | of |     |
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| 1 agc | <u></u> | V. | - C |

| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
| Reporting period 01/01/2016    | through 12/31/2016 |
| tehorang pariou                | ELVIZED DEACIDE    |

| Other (please specify)   | A. Source: Corporation PAC Individual Loan  | Date (Mo Day Year)               | Amount of each receipt   |
|--|---|----------------------------------|--|
| Foll name  | Other (please specify)  | (Mo., Day, Year)                 | this period  |
| POINT ONE STRATECIES, LIC   Mailing Address     P.O. BOX 3015  | Full name   | 02 / 02 / 16                     | \$ 250.00  |
| P.O. BOX 3015   Silty, State, Zip Code   | POINT ONE STRATEGIES, LLC   |                                  |  |
| Oily, State, Zip Code  | Mailing Address   |                                  | \$   |
| JACKSON, MS 39287   Name of Employer (Required)   Aggregate   Required   Re   | P.O. BOX 3015   |                                  |  |
| JACKSON, MS 39207   Name of Employer (Required)  | City, State, Zip Code   |                                  | \$   |
| Occupation (Required)  B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name  Since Corporation PAC Individual Loan Aggregate (Mo., Day, Year)  Full name  Since Corporation PAC Individual Loan Aggregate (Mo., Day, Year)  Occupation (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  SAGE ADVICE, INC.  Mailing Address  Other (please specify)  Full name  SAGE ADVICE, INC.  Mailing Address  Fo. BOX 599  City, State, Zip Code  I / I / \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | JACKSON, MS 39207   |                                  | T <sub>IAAN</sub>  |
| B. Source: Corporation V PAC Individual Loan Date (Mo., Day, Year)  Full name RIDGWAY REALTY, INC.  Mailing Address P.O. 80X 231  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Other (please specify)  Full name C. Source Corporation V PAC Individual Loan Date (Mo., Day, Year)  Full name SAGE ADVICE, INC.  Mailing Address P.O. 80X 595  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  C. Source Corporation V PAC Individual Loan Date (Mo., Day, Year)  Full name SAGE ADVICE, INC.  Mailing Address P.O. 80X 595  City, State, Zip Code RIDGEL AND, MS 39158  Name of Employer (Required)  D. Source: Corporation PAC V Individual Loan Date (Mo., Day, Year)  Full name SAGE ADVICE, INC.  Mailing Address P.O. 80X 595  City, State, Zip Code RIDGEL AND, MS 39158  Name of Employer (Required)  D. Source: Corporation PAC V Individual Loan Date (Mo., Day, Year)  Full name SANOR IUS SERVICES, INC. EMPLOYEES' PAC Mailing Address SS CORPORATE DINVE City, State, Zip Code RRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate (Mo., Day, Year)  SS CORPORATE DINVE City, State, Zip Code RRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate (Mo., Day, Year)  SS CORPORATE DINVE City, State, Zip Code RRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate (Mo., Day, Year)  SS CORPORATE DINVE City, State, Zip Code RRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate (Mo., Day, Year)  SS CORPORATE DINVE City, State, Zip Code RRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate (S 500.00  | Name of Employer (Required)   | <u> </u>                         | \$   |
| Other (please specify)  Full name [RIDGWAY REALTY, INC.  Mailing Address [P.O. BOX 231]  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name  Occupation (Required)  Other (please specify)  Full name  SANGE ADVICE, INC.  Mailing Address  P.O. BOX 939  Occupation (Required)  Full name  SANGE ADVICE, INC.  Mailing Address  P.O. BOX 939  Occupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Full name  SANGE ADVICE, INC.  Mailing Address  P.O. BOX 939  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Sangregate year-to-date  Aggregate year-to-date  Aggregate year-to-date  Aggregate (Mo., Day, Year)  Sangregate (Mo., Day, Year)  S | Occupation (Required)   |                                  | \$ 250.00  |
| Other (please specify)   | B. Source: Corporation PAC Individual Loan  |                                  | receipt  |
| RIDGWAY REALTY, INC.   | Other (please specify)  | (Mo., Day, Tear)                 | this period  |
| RIDGWAY REALTY, INC.   | Full name   | 02 / 18 / 16                     | \$ 250.00  |
| P.O. BOX 231   City, State, Zip Code   | RIDGWAY REALTY, INC.  |                                  | . 123000   |
| Gity, State, Zip Code   JACKSON, MS 39205   Name of Employer (Required)   J  | Mailing Address   |                                  | \$   |
| JACKSON, MS 39205   Name of Employer (Required)  |   |                                  |  |
| Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RingGELAND, MS 39158  Name of Employer (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Full name  Cocupation (Required)  Date (Mo., Day, Year)  Aggregate year-to-date \$ 250.00  Aggregate year-to-date \$ 250.00  Aggregate year-to-date  \$ 250.00  Aggregate year-to-date  \$ 250.00  Aggregate year-to-date  \$ 250.00  Amount of each receipt this period  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address S5 CORPORATE DRIVE  City, State, Zip Code Railing Address S5 CORPORATE DRIVE  City, State, Zip Code RBIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate  \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00   | City, State, Zip Code   |                                  | \$   |
| Occupation (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Date (Mo., Day, Year)  Aggregate year-to-date year-to-date year-to-date  Aggregate year-to-date (Mo., Day, Year)  Aggregate year-to-date year-to-date  SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address SS CORPORATE DRIVE  City, State, Zip Code BIRIDGELAND, MS 39158  Aggregate year-to-date year-to-date SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address SS CORPORATE DRIVE  City, State, Zip Code BIRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate  S 500.00  Aggregate  S 500.00  Aggregate S 500.00  Aggregate S 500.00  Aggregate S 500.00   |   | particle particles provided      |  |
| C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name SAGE ADVICE, INC.  Mailing Address PO. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  PAC Individual Loan Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  Aggregate year-to-date source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  SS CORPORATE DRIVE  City, State, Zip Code SOURCE SERVICES, INC. EMPLOYEES' PAC  Mailing Address  SS CORPORATE DRIVE  City, State, Zip Code SRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate \$ 500.00   | Name of Employer (Required)   |                                  | \$   |
| C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name   SAGE ADVICE, INC.   022 / 115 / 16   \$ 250.00    Mailing Address   P.O. BOX 959  | Occupation (Required)   |                                  | \$ 250.00  |
| Other (please specify)  Other (please specify)  Full name SACE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  PAC Individual Loan  Date (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt this period  Full name SANORI US SERVICES, INC. EMPLOYEES PAC  Mailing Address SS CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  Full state, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate  \$ 50000   |   | year-to-date                     |  |
| Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address S5 CORPORATE DRIVE City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  \$ 500.00  Aggregate   1  | pure.   |                                  |  |
| SAGE ADVICE, INC.  Mailing Address P.O. BOX 959 City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  Date (Mo., Day, Year)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address   |   |                                  | receipt  |
| Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  \$ 500.00  \$ 500.00  Apgregate year-to-date  \$ 250.00  Amount of each receipt this period  \$ 500.00  \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00  | Other (please specify)  | (Mo., Day, Year)                 | receipt<br>this period   |
| P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Aggregate year-to-date  ### Aggregate year-to-date  ### Amount of each receipt this period  ### Amount of each receipt ### Amount of each receipt this period  ### Amount of each receipt ### Amount of each receipt this period  ### Amount of each receipt ### Amount of  | Other (please specify)  | (Mo., Day, Year)                 | receipt<br>this period   |
| City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address    55 CORPORATE DRIVE  | Other (please specify)  Full name SAGE ADVICE, INC.   | (Mo., Day, Year)                 | receipt this period  |
| RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  S5 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 250.00  Amount of each receipt this period  \$ 500.00  \$ 500.00  \$ \$ 500.00  Aggregate  \$ \$ 500.00  Aggregate  \$ \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address  | (Mo., Day, Year)                 | receipt this period  |
| Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  S5 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Occupation (Required)  Aggregate year—to-date  Amount of each receipt this period  \$ 500.00  \$ 102 / 16 \$ 500.00  \$ 500.00  Aggregate  \$ 500.00  Aggregate \$ 500.00  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959   | (Mo., Day, Year)                 | receipt this period  \$ 250.00   |
| Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807  Name of Employer (Required)  Occupation (Required)  Aggregate  year—to-date  Amount of each receipt this period  \$ 500.00  \$ 500.00  \$ \$ 500.00  Aggregate  \$ \$ 500.00  Aggregate  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code  | (Mo., Day, Year)                 | receipt this period  \$ 250.00   |
| D. Source: Corporation PAC V Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address S5 CORPORATE DRIVE  City, State, Zip Code   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code  RIDGELAND, MS 39158   | (Mo., Day, Year)                 | receipt this period  \$ [250.00]  \$ [   |
| Other (please specify)  Full name   SANOFI US SERVICES, INC. EMPLOYEES' PAC     Mailing Address  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code  RIDGELAND, MS 39158   | (Mo., Day, Year)    02           | receipt this period  \$ [250.00]  \$ [   |
| Other (please specify)  Full name   SANOFI US SERVICES, INC. EMPLOYEES' PAC     Mailing Address  | Cother (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)   | (Mo., Day, Year)    02           | receipt this period  \$ [250.00]  \$ [ ]   |
| SANOFI US SERVICES, INC. EMPLOYEES' PAC   D3 / D2 / 16   \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                 |
| SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code  BRIDGEWATER, NJ 08807  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan  | (Mo., Day, Year)    02   15   16 | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                 |
| Mailing Address    55 CORPORATE DRIVE  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$   |
| S5 CORPORATE DRIVE  City, State, Zip Code  BRIDGEWATER, NJ 08807  Name of Employer (Required)  Occupation (Required)  Aggregate \$ 500.00  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan  Other (please specify)  | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$   |
| Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC   | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00    |
| Name of Employer (Required)  Occupation (Reguired)  Aggregate  \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00    |
| Occupation (Required)  Aggregate \$ 500.00   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ \$ 250.00  Amount of each receipt this period  \$ 500.00  \$ 500.00 |
|  | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807 | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                  |
| year-o-uno   | Other (please specify)  Full name SAGE ADVICE, INC.  Mailing Address P.O. BOX 959  City, State, Zip Code RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name SANOFI US SERVICES, INC. EMPLOYEES' PAC  Mailing Address  55 CORPORATE DRIVE  City, State, Zip Code BRIDGEWATER, NJ 08807 | (Mo., Day, Year)    02           | receipt this period  \$ 250.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                  |

| Page | of |  |
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|      |    |  |

| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
|                                |                    |
| Reporting period 101/01/2016   | through 12/31/2016 |

| A. Source: Corporation PAC Individual Loan   | <b>D</b> .4.   | Amount of each   |
|--|--|--|
| A. Source: Corporation PAC   Individual Loan   Other (please specify) PA   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| Full name  | 03 / 02 / 16   | \$ 500.00  |
| SESHADRI RAJU, MD, PA  |  | Ψ [300.00  |
| Mailing Address  |  | \$   |
| 971 LAKELAND DRIVE, SUITE 401  |  |  |
| City, State, Zip Code  |  | \$   |
| JACKSON, MS 39216  |  |  |
| Name of Employer (Required)  |  | \$   |
| Occupation (Required)  | Aggregate<br>year–to-date  | \$ 500.00  |
| B. Source: Corporation PAC Individual Loan   | Date   | Amount of each receipt   |
| Other (please specify)   | (Mo., Day, Year)   | this period  |
| Full name  | 03 / 01 / 16   | \$ 1000.00   |
| TAKEDA PHARMACEUTICALS USA, INC.   |  | ¥ [1000.00   |
| Mailing Address  |  | \$   |
| ONE TAKEDA PARKWAY   |  |  |
| City, State, Zip Code  |  | \$   |
| DEERFIELD, IL 60015  | Description (minimate) parameter.  | *  |
| Name of Employer (Required)  |  | \$   |
| Occupation (Required)  | Aggregate<br>year–to-date  | \$ 1000.00   |
|  | year-to-uate   | Carrie Control |
| The state of the s |  | A  |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period   |
| Other (please specify) LLC   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| Other (please specify) LLC   | Date   | receipt  |
| Other (please specify) LLC  Full name  THE CRESS GROUP, LLC  | Date<br>(Mo., Day, Year)   | receipt this period  |
| Other (please specify) LLC   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| Other (please specify) LLC  Full name THE CRESS GROUP, LLC  Mailing Address  | Date<br>(Mo., Day, Year)   | receipt this period  \$ 250.00   |
| Other (please specify)  Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  | Date<br>(Mo., Day, Year)   | receipt this period  |
| Other (please specify)  Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code   | Date<br>(Mo., Day, Year)   | receipt this period  \$ 250.00   |
| Other (please specify)  Full name  THE CRESS GROUP, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  | Date<br>(Mo., Day, Year)   | receipt this period  \$ 250.00  \$   |
| Other (please specify) LLC  Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each   |
| Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |
| Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name  THE CRESS GROUP, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  THIRD UNION FINANCE, INC.  | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt   |
| Other (please specify)  Full name  THE CRESS GROUP, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  THIRD UNION FINANCE, INC.  Mailing Address   | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 5 50.00  \$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6   |
| Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name THIRD UNION FINANCE, INC.  Mailing Address P.O. BOX 400   | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00  \$  |
| Other (please specify)  Full name  THE CRESS GROUP, LLC  Mailing Address  P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  THIRD UNION FINANCE, INC.  Mailing Address   | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name THIRD UNION FINANCE, INC.  Mailing Address P.O. BOX 400  City, State, Zip Code  | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify) LLC  Full name THE CRESS GROUP, LLC  Mailing Address P.O. BOX 1260  City, State, Zip Code  RIDGELAND, MS 39158  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name THIRD UNION FINANCE, INC.  Mailing Address P.O. BOX 400  City, State, Zip Code OLIVE BRANCH, MS 38654   | Date (Mo., Day, Year)  102 / 15 / 16  1 / 1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |

|                                |                    | Page of |
|--------------------------------|--------------------|---------|
| Name of Candidate or Committee | WALTER MICHEL      |         |
| Reporting period 01/01/2016    | through 12/31/2016 |         |
| IT                             | EMIZED RECEIPTS    |         |

| Other (please specify) LLC  Other (please specify) LLC  Other (please specify) LLC  Mailing Address  P.O. BOX 320001  City, State, Zip Code  FLOWOOD, MS 39232  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Other (please specify)  Full name  TRUCK PAC  Mailing Address  825 N. PRESIDENT STREET  City, State, Zip Code  I / I / S  S000.00  Amount of each receipt this period  TRUCK PAC  Mailing Address  825 N. PRESIDENT STREET  City, State, Zip Code  I / I / S  TRUCK SAC  Mame of Employer (Required)  I / I / S  TRUCK PAC  Mailing Address  R25 N. PRESIDENT STREET  City, State, Zip Code  I / I / S  TRUCK SAC  Mame of Employer (Required)  I / I / S  TRUCK SAC  Mailing Address  R25 N. PRESIDENT STREET  City, State, Zip Code  I / I / S  TRUCK SAC  TACKSON, MS 39202  Name of Employer (Required)  TY I / S  TRUCK SAC  TY / I S  TY / I  | 11 = 11 |   | Amount of each |
|---|---|---|----------------|
| Comparison (Required)   | A. Source: Corporation PAC Individual Loan  |   | receipt        |
| TOWER LOANS OF MS, LLC  |   | partoner pursuint: poculari:            | this period    |
| Mailing Address   |   | 02 / 05 / 16                            | \$ 5000.00     |
| P.O. BOX 320001   City, State, Zip Code   |   | ferment beauties, breeques              |                |
| City, State, Zip Code   |   |   | \$             |
| PLOWOOD, MS 39232   |   | (minister; propinte pomente.            |                |
| Name of Employer (Required)  Secupation (Required)  Aggregate year-to-date Other (please specify)  Full name Full ckeac Mailing Address [Cry, State, Zip Code Other (please specify)]  Cocupation (Required)  C. Source Corporation PAC Individual Loan Other (please specify)  Full name Full name Full ckeac Mailing Address  C. Source Corporation PAC Individual Loan Other (please specify)  Full name Full name Full name Full name Full name Cocupation (Required)  C. Source Corporation PAC Individual Loan Other (please specify)  Full name Vernon Commercial Properties, LLC Mailing Address Full name F  |   |   | \$             |
| Occupation (Required)  Date (Mo., Day, Year)  Full name  Other (please specify)  Full name  (Mo., Day, Year)  Full name  PAC   Individual   Loan   Date (Mo., Day, Year)  Full name  (Mo., Day, Year)  Full name  (Mo., Day, Year)  Full name  (Mo., Day, Year)  S   1000.00  Amount of each receipt this period  I   I   S   1000.00  Amount of each receipt this period  I   I   S   I   S   I   I   S   I   I  |   | process.                                |                |
| B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name TRUCK PAC  Mailing Address  825 N PRESIDENT STREET  Cly, State, Zip Code Other (please specify)  Full name of Employer (Required)  Occupation (Required)  Full name  VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address  605 STEED ROAD  Cly, State, Zip Code  Full name  Coccupation (Required)  Full name  VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address  605 STEED ROAD  Cly, State, Zip Code  Full name  Coccupation (Required)  Full name  Full  | Name of Employer (Required)   |   | \$             |
| Other (please specify)  Full name  TRUCK PAC  Mailing Address  ### 250 N. MS 39202  Name of Employer (Required)  Other (please specify)  Full name  Occupation (Required)  Full name   | Occupation (Required)   |   | \$ 5000.00     |
| Chter (please specify)  | B. Source: Corporation PAC Individual Loan  |   |                |
| TRUCK PAC   Mailing Address   | Other (please specify)  | (Mo., Day, Year)                        |                |
| TRUCK PAC   Mailing Address   | Full name   | 02 / 02 / 16                            | \$ 1000.00     |
| B25 N. PRESIDENT STREET   | TRUCK PAC   |   | - 11000.00     |
| S25 N. PRESIDENT STREET   City, State, Zip Code   | Mailing Address   |   | s              |
| City, State, Zip Code   JACKSON, MS 39202   Name of Employer (Required)   J   | 825 N. PRESIDENT STREET   |   |                |
| JACKSON, MS 39202   Name of Employer (Required)   |   | Total Indian                            | e i            |
| Name of Employer (Required)  Occupation (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) ILLC  Full name VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address 605 STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  PAC Individual Loan Aggregate year-to-date  Date (Mo., Day, Year)  \$ 1000.00  Aggregate year-to-date  \$ 1000.00  Aggregate year-to-date  \$ 1000.00  Amount of each receipt this period  Full name (Mo., Day, Year)  Other (please specify)  Full name (WORTH THOMAS CONSULTANTS  Mailing Address [P.O. BOX 774]  For Date (Mo., Day, Year)  Full name (WORTH THOMAS CONSULTANTS  Mailing Address [P.O. BOX 774]  Full name (WORTH Zibe Code JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate \$ 500.00  Aggregate \$ 500.00  Aggregate \$ 500.00   | Factories of the contract of t  |   | <b>3</b>       |
| Occupation (Required)  Occupation (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) LLC  Mailing Address Gos STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address  Description  Aggregate (Mo., Day, Year)  Simple Address  Amount of each receipt this period  Full name  WORTH THOMAS CONSULTANTS  Mailing Address  Po B BOX 774  City, State, Zip Code  Aggregate  WORTH Zip Code  Amount of each receipt this period  Full name  WORTH THOMAS CONSULTANTS  Mailing Address  Po B BOX 774  Aggregate  Signo Occupation (Required)  Aggregate  Signo Occupation (Required)  Aggregate  Signo Occupation (Required)  Aggregate  Signo Occupation (Required)  | 9   |   | \$             |
| C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   VERNON COMMERCIAL PROPERTIES, LLC   D2 / 18 / 16   \$1000.00    Mailing Address   Full content   F |   |   | Y              |
| C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address 605 STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Cocupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Full name Worth THOMAS CONSULTANTS  Mailing Address  Double (Mo., Day, Year)  Amount of each receipt this period  Full name Worth THOMAS CONSULTANTS  Mailing Address  P.O. BOX 774  City, State, Zip Code  I / I / \$  Amount of each receipt this period  Full name Worth THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate  \$ 500.00  Aggregate \$ \$ 500.00  | Occupation (Required)   |   | \$ 1000.00     |
| Other (please specify) LLC  Other (please specify) LLC  Full name VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address Gos STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt this period  This period  This period  Aggregate Year Thomas  This period  Amount of each receipt this period  This period  This period  Aggregate Year Thomas Consultants  This period  Aggregate  Amount of each receipt this period  This period  This period  Aggregate Year Thomas Consultants  Aggregate  Amount of each receipt this period  This period  This period  This period  Aggregate  This period  | PAC Individual Loan   | 7041 10 1111                            | Amount of each |
| Other (please specify) LLC  Full name VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address 605 STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  PAC Individual Loan  Date (Mo., Day, Year)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code  I / I / \$  1000.00  Aggregate year-to-date  Amount of each receipt this period  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate  I / I / \$  S00.00  Aggregate S00.00  | C. Source Corporation PAC Individual Count  |   |                |
| Full name  VERNON COMMERCIAL PROPERTIES, LLC  Mailing Address 605 STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  PAC Individual Loan  Date (Mo., Day, Year)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate year—to-date  Individual Loan  Date (Mo., Day, Year)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Cocupation (Required)  Aggregate  \$ 500.00  | Other (please specify)  | (Mo., Day, Year)                        |                |
| VERNON COMMERCIAL PROPERTIES, LLC   Mailing Address   |   | [02] . [03] . [14]                      |                |
| Mailing Address 605 STEED ROAD  City, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate year-to-date  Loan Date (Mo., Day, Year)  Amount of each receipt this period  Full state, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate  \$ 500.00   |   | <u>[02]</u> / <u>[18]</u> / <u>[16]</u> | \$ [1000.00    |
| Gity, State, Zip Code RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  \$ 500.00    1   1   6   5   500.00     1   1   5   500.00    2   1   1   5   500.00    3   1   1   5   500.00    4   3   1   1   5   500.00    5   5   5   5   5   5     6   6   7   7   7   7   7   7   7     7   8   7   7   7   7     8   7   7   7   7     9   7   7   7   7     9   7   7   7     9   7   7   7     9   7   7     9   7   7     9   7   7     9   7   7     9   7   7     9   7     9   7   7     9   9     9   9     9   9     9   9  |   | productions business businesses.        | ¢              |
| RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate year—to-date  Amount of each receipt this period  \$ 500.00  \$ 500.00  Aggregate  Y   10   16   \$ 500.00  Aggregate  Source: Corporation PAC Individual Loan  Occupation (Required)  Aggregate  \$ 500.00   |   |   | 3 1            |
| RIDGELAND, MS 39157  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate year—to-date  Amount of each receipt this period  \$ 500.00  \$ 500.00  Aggregate  Y   10   16   \$ 500.00  Aggregate  Source: Corporation PAC Individual Loan  Occupation (Required)  Aggregate  \$ 500.00   | City, State, Zip Code   |   | e              |
| Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address  P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Amount of each receipt this period  \$ 500.00  \$ 500.00  Aggregate  \$ 500.00  Aggregate \$ 500.00   |   |   | 7              |
| Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Amount of each receipt this period  Full one  (Mo., Day, Year)  \$ 500.00  \$ \$ 500.00  Aggregate  \$ \$ 500.00  Aggregate  \$ \$ 500.00  |   |   | •              |
| D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Year-to-date  Amount of each receipt this period  \$ 500.00  \$ 500.00  \$ \$ 500.00  Aggregate  \$ 500.00   | TWITTO CI and the second secon  |   | 4              |
| Other (please specify)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  receipt this period  \$ 500.00  \$ \$ 500.00  Aggregate \$ 500.00   | Occupation (Required)   |   | \$ 1000.00     |
| Other (please specify)  Full name WORTH THOMAS CONSULTANTS  Mailing Address P.O. BOX 774  City, State, Zip Code JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  receipt this period  \$ 500.00  \$ 500.00  Aggregate \$ 500.00  | D. Source: Corporation 7 PAC Individual Loan  | Dete                                    |                |
| Other (please specify)  Full name  WORTH THOMAS CONSULTANTS  Mailing Address  P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00  | Productive Contractive Contrac  |   |                |
| WORTH THOMAS CONSULTANTS  Mailing Address  P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00   | Other (please specify)  | (Mo., Day, rear)                        | this period    |
| WORTH THOMAS CONSULTANTS  Mailing Address  P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00   | Full name   | 02 / 10 / 16                            | \$ 500.00      |
| P.O. BOX 774  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00  | WORTH THOMAS CONSULTANTS  | <u> </u>                                | * F700'00      |
| P.O. BOX 774  | Approximate the second   |   | \$             |
| Name of Employer (Required)  Occupation (Required)  Aggregate  \$ 500.00  |   | germaner interestation properties       |                |
| Name of Employer (Required) \$   S00,000    Occupation (Required)   Aggregate   S10,000   |   |   | \$             |
| Occupation (Required)  Aggregate \$   500,000   |   | Property Property Property              |                |
|   | Name of Employer (Required)   |   | \$             |
|   | Occupation (Required)   | Aggregate                               | \$ 1500.00     |
|   |   |   | נטטטט          |

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|--|-------------|
| (中央の) (中央の |             |
| Name of Candidate or Committee WALTER MICHEL   |             |
| 12/21/2016   |             |
| Reporting period 01/01/2016 through 12/31/2016   |             |
| ITEMIZED RECEIPTS  |             |

| Other (please specify)  |  | 1 0                          |  |
|---|--|------------------------------|--|
| Color   Full name   |  |                              | receipt  |
| NICK APOSTLE MARIling Address [164 CHAPEL LANE [17]   |  | man han han                  |  |
|   |  | 02 / 18 / 16                 | \$ 250.00  |
| Index CHAPEL LANE   City, State, Zip Code   |  | farmer: former: formers:     |  |
| City, State, Zip Code MADISON, MS 39110 MADISON, MS 39110 SELF EMPLOYED OCCUPATION Required) BUSINESS GWNER B. SOURCE: Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Full name FIRE BARNES BARRE RISND PLACE, FA City, State, Zip Code FLOWCOD, MS 39232 BARNES LAW FIRM, PA OCCUPATION Required) DATORNEY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Comparison Required) DATORNEY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Full name Full na  |  | <u> </u>                     | \$   |
| MADISON, MS 39110   Name of Employer (Required)   Name of Employ  |  |                              |  |
| Mame of Employer (Required)   |  |                              | \$   |
| SELF EMPLOYED   Corporation   Required   Resulted   R  |  |                              | ***************************************  |
| OCCUPATION REQUIRED  DATE  MAINTENS OWNER  B. Source: Corporation PAC Individual V Loan Date (Mo., Day, Year)  Full name Toll PAC PLANES  BANKES LAW FIRM. PAC PAC PAC PAC PAC PAC PACE PROVIDED THIS Period  OCCUPATION PAC PAC PACE PACE PACE PACE PACE PACE P  |  |                              | \$   |
| BUSINESS OWNER B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name Timp BARNES  Mailing Address SRIVER BEIDN PLACE, #A  Cocupation (Required) ATTORNEY  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code Fill name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code  Full name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code  Full name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name John A. BELLAN, JR.  Mailing Address Sakings Hick-HWAY  City, State, Zip Code John Cocupation (Required)  RETIRED  Other (please specify)  Full name Joke BIRDSONG  Mailing Address John A. Bern Saking  Amount of each receipt this period  Full name Joke BIRDSONG  Mailing Address John John A. Bern Saking  Mailing Address John John A. Bern Saking  John John A. Bern John John A. Bern Saking  John John A. Bern Saking  John John A. Bern John John John John John John John Joh   |  | Aggragata                    |  |
| B. Source: Corporation PAC Individual V Loan Date (Mo., Day, Year) this period by the   |  |                              | \$ 250.00  |
| Other (please specify)  Other (please specify)  Full name  TRIP BARNES  Mailing Address  Salver BERND PLACE, #A  City, State, Zip Code  FLOWOOD, MS 39232  Name of Employer (Required)  PAC Individual V Loan  Date (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt this period  Date (Mo., Day, Year)  City, State, Zip Code  DATE (Mo., Day, Year)  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Amount of each receipt this period  Date (Mo., Day, Year)  City, State, Zip Code  DAGROSON, MS 39216  DAGROSON, MS 39216  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  Salver Barness  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  Salver Barness  Amount of each receipt this period  Aggregate year-to-date  Salver Barness  Amount of each receipt This period  Amount of each receipt This period Thi  |  | year-to-date                 | Amount of each   |
| Other (please specify)  Full name    TRIP BARNES  | B. Source: Corporation PAC Individual V Loan I   |                              |  |
| Full name TIRIP BARNES    02  | Other (please specify)   | (Mo., Day, Year)             |  |
| TRIP BARNES  Mailing Address  SinVER BEND PLACE, #A  City, State, Zip Code  FLOWOOD, MS 39232  Name of Employer (Required)  BARNES LAW FIRM. PA  Occupation (Required)  Other (please specify)  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  JOHN A. BELLAN, JR.  Mailing Address  3936 KINGS HIGHWAY  City, State, Zip Code  JACKSON, MS 39216  Name of Employer (Required)  RETIRED  Occupation (Required)  Cocupation (Required)  Aggregate year-to-date  Amount of each receipt this period  Full name  JOHN A. BELLAN, JR.  Mailing Address  J / J / \$  S00.00  Amount of each receipt this period  Full name  Occupation (Required)  Cocupation (Required)  Aggregate year-to-date  Amount of each receipt this period  Full name  John A. Bell A. B. Soo.00  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J / J / \$  Amount of each receipt this period  Full name  John A. B. LAR A. B. Soo.00  Amount of each receipt this period  Full name  John A. B. LAR A. B. Soo.00  Amount of each receipt this period  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  Full name of Employer (Required)  J / J / \$  Amount of each receipt this period  Amount of each receipt this period  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  J / J / \$  Amount of each receipt this period  J / J / \$  Amount of each receipt this pe  |  |                              | And the same of th |
| Mailing Address  5 RIVER BEND PLACE, #A  City, State, Zip Code FILOWOOD, MS 39232  Name of Employer (Required) BARNES LAW FIRM, PA  Occupation (Required)  Other (please specify)  Date (Mo., Day, Year)  City, State, Zip Code FUIL name JIOHN A. BELLAN, JR.  Mailing Address 3936 KINGS HIGHWAY  City, State, Zip Code JACKSON, MS 39216  Name of Employer (Required) RETIRED  Occupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  I J J S S00,00  Amount of each receipt this period  Amount of each receipt this period  I J J S S00,00  Amount of each receipt this period  I J J S S00,00  Amount of each receipt this period  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Amount of each receipt this period  Full name NIKE BIRDSONG MIRE BIRDSONG MIRE BIRDSONG Mailing Address Address Address AMOUNT of each receipt this period  I J J S S00,00  Amount of each receipt this period  Amount of each receipt this period  Full name NIKE BIRDSONG Milling Address Addr  |  | 102 / 115 / 116              | ▶ 300.00   |
| SRIVER BEND PLACE, #A   City, State, Zip Code   |  | parties, proper proper       |  |
| Gity, State, Zip Code   |  |                              | \$   |
| FLOWOOD, MS 39232   |  | The second second            |  |
| Name of Employer (Required) BARNES LAW FIRM, PA  Occupation (Required) Aggregate year-to-date  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name JOHN A. BELLAN, JR.  Mailing Address 3936 KINGS HIGHWAY  City, State, Zip Code JACKSON, MS 39216  Name of Employer (Required) RETIRED  Occupation (Required) Full name MIKE BIRDSONG Mailing Address  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Mailing Address  Aggregate year-to-date  Aggregate year-to-date  Amount of each receipt this period  Full name MIKE BIRDSONG Mailing Address  J J J Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  City, State, Zip Code JABONG Mailing Address  J J J Source: Sourc  |  |                              | \$   |
| BARNES LAW FIRM, PA  Occupation (Required) ATTORNEY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  JOHN A. BELLAN, JR.  Mailing Address 3936 KINGS HICHWAY  City, State, Zip Code JACKSON, MS 39216  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Elli name  MIKE BIRDSONG  Mailing Address  J. J. J. Loan Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  J. J. J. Loan Amount of each receipt this period  Elli Name of Employer (Required)  September 1, J. J. Special Specia  |  | manager partition parameter. | \(\frac{1}{2}\)  |
| Occupation (Required) ATTORNEY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name JOHN A. BELLAN, JR.  Malling Address Ja96 KINGS HIGHWAY  City, State, Zip Code JACKSON, MS 39216  Name of Employer (Required) Cocupation (Required)  Full name  Other (please specify)  D. Source: Corporation PAC Individual Loan Aggregate (Mo., Day, Year)  Full name  Other (please specify)  Total Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt this period  Full name  MIKE BIRDSONG  Mailing Address  Address  Address  Address  Almount of each receipt this period  Full name  City, State, Zip Code  MAILING Address  |  |                              | \$   |
| ATTORNEY  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  JOO 1 18 1 16 \$ 500.00  Full name  JOO 2 1 18 1 16 \$ 500.00  Full name  JACKSON, MS 39216  Name of Employer (Required)  RETIRED  Occupation (Required)  PAC Individual Loan Date (Mo., Day, Year)  Full name  Mike BIRDSONG  Mailing Address  J 1 1 \$ \$ 500.00  Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt this period  Full name  Mike BIRDSONG  Mailing Address  Mail  |  | Augrapha                     |  |
| C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name (Mo., Day, Year)  Full name (Mo., Day, Year)  Mailing Address  3936 KINGS HIGHWAY  City, State, Zip Code   |  |                              | \$ 300.00  |
| Other (please specify)  Other (please specify)  Full name JOHN A BELLAN, JR.  Mailing Address J936 KINGS HIGHWAY  City, State, Zip Code JACKSON, MS 39216  Name of Employer (Required)  RETIRED  Occupation (Required)  Other (please specify)  Full name MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code JACKSON, MS 39110  Name of Employer (Required)  Full name MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code MADISON, MS 39110  Name of Employer (Required)  Full name Amount of each receipt this period  Full name This period  Amount of each receipt this period  Full name Amount of each receipt this period  Full name This period  Amount of  |  | year-to-date                 | A  |
| Full name JONN A. BELLAN, JR.  Mailing Address  JOS / 18 / 16 \$ 500.00  Mailing Address  JACKSON, MS 39216  Name of Employer (Required)  RETIRED  Occupation (Required)  Other (please specify)  Full name MIKE BIRDSONG  Mailing Address  JOS / 102 / 16 \$ 250.00  Mailing Address  JOS / 102 / 10 \$ 10   10   10    Mailing Address  JOS / 102 / 10 \$ 10    Mailing Address  JOS / 102 / 10    Mailing Address  JOS  | Control Contro |                              | receipt  |
| JOHN A. BELLAN, JR.   Mailing Address   |  |                              | bases a summer of the summer o |
| Mailing Address  3936 KINGS HIGHWAY  City, State, Zip Code  JACKSON, MS 39216  Name of Employer (Required)  RETIRED  Occupation (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  MIKE BIRDSONG  Mailing Address  MAILING Addr  |  | <u>[02]</u> / [18] / [16]    | \$ 500.00  |
| 3936 KINGS HIGHWAY  |  | generalistic property        | A PARTY AND DESCRIPTION OF THE PARTY OF THE  |
| City, State, Zip Code  JACKSON, MS 39216  Name of Employer (Required) RETIRED  Occupation (Required)  Date (Mo., Day, Year)  Full name  MIKE BIRDSONG  Mailing Address 444 PEMBROOKE DRIVE  City, State, Zip Code MADISON, MS 39110  Name of Employer (Required)  Regregate year-to-date  Mount of each receipt this period  \$ 250.00  \$ 250.00  Amagregate year-to-date    Mailing Address   Mailing   |  |                              | 3  |
| JACKSON, MS 39216   |  |                              |  |
| Name of Employer (Required)   RETIRED   Occupation (Required)   Date (Mo., Day, Year)     Full name (MIKE BIRDSONG     Mailing Address     444 PEMBROOKE DRIVE     City, State, Zip Code (MADISON, MS 39110     Name of Employer (Required)     BAYER HEALTH CARE (Mo., Day, Year)     Aggregate year-to-date     Amount of each receipt this period     City, State, Zip Code (Madison, MS 39110     City, State, Zip Code (Required)     City, State, Zip Code (Requi  |  |                              | \$   |
| RETIRED   Aggregate   \$   500.00   |  |                              | - International Assessment Control   |
| Occupation (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Amount of each receipt this period  Full name  [03 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [103 / 02 / 16 \$ 250.00   Amount of each receipt this period  Full name  [104   16   \$ 250.00   Amount of each receipt this period  Full name  [104   16   \$ 250.00   Amount of each receipt this period  Full name  [104   16   \$ 250.00   Amount of each receipt this period  Full name  [104   16   \$ 250.00   Amount of each receipt this period  Full name  [104   16   \$ 250.00   Amount of each receipt this period  Full name  [105   16   \$ 250.00   Amount of each receipt this period  Full name  [105   16   \$ 250.00   Amount of each receipt this period  Full name  [105   16   \$ 250.00   Amount of each receipt this period  Full name  [105   16   \$ 250.00    Amount of each receipt this period  Full name  [105   16   \$ 250.00    Amount of each receipt this period  Full name  [105   16   \$ 250.00    Amount of each receipt this period  F  |  |                              | \$   |
| D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Amount of each receipt this period  \$ 250.00  \$ 102 / 16 \$ 250.00  \$ 103 / 102 / 16 \$ 100 |  |                              | \$ 500.00  |
| Other (please specify)  Full name  MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate  Freceipt this period  Facility 1  |  | year-to-date                 |  |
| Full name  MIKE BIRDSONG  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate  \$ 250.00   | реживания политический политиче |                              | receipt  |
| Milke Birdsong  Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate  \$ 250.00   |  | process: process: process:   | tino ponea   |
| Mailing Address  444 PEMBROOKE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate  \$ 250.00   |  | 03 / 02 / 16                 | \$ 250.00  |
| 444 PEMBROOKE DRIVE   |  | NAMESON PRODUCTOR STREET,    |  |
| City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate \$ 250.00  |  |                              | \$   |
| MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate \$ 250.00   |  | Pourteline, Manualine errors | - purcumental and a second   |
| Name of Employer (Required)  BAYER HEALTH CARE  Occupation (Required)  Aggregate \$ 250.00  |  |                              | \$   |
| BAYER HEALTH CARE  Occupation (Required)  Aggregate \$ 250.00   |  |                              | f  |
| Occupation (Required) Aggregate \$ 250.00   | MADISON, MS 39110  |                              |  |
| 250,00  | MADISON, MS 39110  Name of Employer (Required)   |                              | \$   |
| DIRECTOR Year—to-date   | MADISON, MS 39110  Name of Employer (Required)  BAYER HEALTH CARE  |                              | •  |

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| The same of the sa |         |
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| Name of Candidate or Committee | WALTER MICHEL      |  |
|--------------------------------|--------------------|--|
|                                |                    |  |
| Reporting period 01/01/2016    | through 12/31/2016 |  |

| A. Source: Corporation PAC Individual Loan   | Date<br>(Mo., Day, Year)   | Amount of each receipt this period   |
|--|--|--|
| Other (please specify)   Full name   | [02 1 12 1 12 C  |  |
| JOHN BLACK, JR.  | 02 / 18 / 16   | \$ 250.00  |
| Mailing Address  | F , F , F  | \$   |
| 24 PROVENCE BOULEVARD  | <u>''''</u>  | <b>4</b>   |
| City, State, Zip Code  |  |  |
| MADISON, MS 39110  |  | \$   |
| Name of Employer (Required)  |  | \$   |
|  |  |  |
| Occupation (Required)  | Aggregate<br>year–to-date  | \$ 250.00  |
| B. Source: Corporation PAC Individual V Loan   | Date   | Amount of each   |
| Other (please specify)   | (Mo., Day, Year)   | receipt<br>this period   |
| Full name  | 03 / 02 / 16   | \$ 250.00  |
| MARK BOUNDS  |  | 1230.00  |
| Mailing Address  |  | \$   |
| P.O. BOX 1753  | Samuel Samuel  |  |
| City, State, Zip Code  |  | \$   |
| MADISON, MS 39130  |  | <b>Y</b>   |
| Name of Employer (Required)  |  | \$   |
| BOUNDS REALTY PARTNERS   |  | ·  |
| Occupation (Required) PRESIDENT  | Aggregate<br>year–to-date  | \$ 250.00  |
| IPRESIDENT   | your to date   |  |
| parties promise promis |  | Amount of each   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | (Mo., Day, Year)   | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  |  | receipt  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)   | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD   | (Mo., Day, Year)   | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  | (Mo., Day, Year)   | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  | (Mo., Day, Year)   | receipt this period  \$ 250.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  | (Mo., Day, Year)  03 / 01 / 16  1 / 1 / 1  1 / 1 / 1                                     | receipt this period  \$ 250.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)   | (Mo., Day, Year)    03   | receipt this period  \$ [250.00]  \$ [   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  | (Mo., Day, Year)    03   | receipt this period  \$ 250.00  \$ 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date                  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  | (Mo., Day, Year)    03   | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date                  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 400.00            |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address   | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address  1904 LAKELAND DRIVE, #A  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 400.00  \$        |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address  1904 LAKELAND DRIVE, #A  City, State, Zip Code   | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 400.00            |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address  1904 LAKELAND DRIVE, #A  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address  1904 LAKELAND DRIVE, #A  City, State, Zip Code  JACKSON, MS 39216  | (Mo., Day, Year)    03   | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 400.00  \$ 400.00 |
| Other (please specify)  Full name JOHN BRASHER  Mailing Address  145 BRASHER ROAD  City, State, Zip Code  BATESVILLE, MS 38606  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  W.P. BRIDGES, JR.  Mailing Address  1904 LAKELAND DRIVE, #A  City, State, Zip Code  JACKSON, MS 39216  Name of Employer (Required)  | (Mo., Day, Year)  O3 / O1 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |

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|                                | The state of the s |         |
| Name of Candidate or Committee | WALTER MICHEL  |         |
|                                |  |         |
| Reporting period 01/01/2016    | through 12/31/2016   |         |
|                                |  |         |
| IT                             | EMIZED RECEIPTS  |         |

| A. Source: Corporation PAC Individual Loan                          | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
|---|--|---|
| Other (please specify)  | parater passes, passer.  | uns period  |
| Full name   | 02 / 01 / 16   | \$ 250.00   |
| ANDREW BRINKMAN  Mailing Address                                    | ement brown brown.   |   |
|   |  | \$  |
| 7010 DOVE COURT   | homes heres heres:   |   |
| City, State, Zip Code   |  | \$  |
| EVANSVILLE, IN 47715  | James Lower Learn:   |   |
| Name of Employer (Required) INTERSTATE IMAGING                      |  | \$  |
| Occupation (Required)   | Aggregate  | Management of the second secon  |
| SALES REPRESENTATIVE  | year-to-date   | \$ 250.00   |
| B. Source: Corporation PAC Individual V Loan                        | Date   | Amount of each  |
| Other (please specify)  | (Mo., Day, Year)   | receipt<br>this period  |
| Full name   | 02 / 18 / 16   | \$ 250.00   |
| GENE AND PEGGY BROWN  | <u>102</u> / <u>110</u> / <u>110</u>   | \$ 250.00   |
| Mailing Address   |  | \$  |
| 309 LAKE CASTLE ROAD  |  | A   |
| City, State, Zip Code   |  | \$  |
| MADISON, MS 39110   |  | 7   |
| Name of Employer (Required)   |  | \$  |
| SELF EMPLOYED   |  | Ψ   |
| Occupation (Required)   | Aggregate  | \$ 250.00   |
| DENTIST   | year-to-date   | - 23000   |
| C. Source Corporation PAC Individual Loan Other (please specify)    | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
| Full name   |  | Commission of the Commission o  |
| RICK CALHOUN  | 02 / 18 / 16   | \$ 1000.00  |
| Mailing Address   |  | \$  |
| 217 W. CAPITOL STREET   |  | 4   |
| City, State, Zip Code   |  | \$  |
| JACKSON, MS 39201   |  |   |
| Name of Employer (Required)   |  | \$  |
| PRUET OIL COMPANY   |  |   |
| Occupation (Required)   | Aggregate year-to-date   | \$ 1000.00  |
| GENERAL PARTNER  D. Source: Corporation PAC Individual V Loan       | year-to-date   | A   |
| D. Source: Corporation PAC Individual V Loan Other (please specify) | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
| Full name   | [02 4 [02 4 [16  | Tarrencina esti marina raccinata canala canal   |
| BARRY CANNADA   | 03 / 02 / 16   | \$ 250.00   |
| Mailing Address   |  | \$ Printed to the second |
| 827 PINEHURST PLACE   |  | <b>Y</b>  |
| City, State, Zip Code   |  | \$  |
| JACKSON, MS 39202   | Samuel Sa | ·   |
| Name of Employer (Required)   |  | \$  |
| BUTLER SNOW LAW FIRM  | Aggregate  | \$ 750.00   |
| Occupation (Required)   | I wantedare  | <b>₽</b> 250.00   |
| ATTORNEY  | year-to-date   | 1230.00   |

| Page | of |  |
|------|----|--|
|      |    |  |

| Name of Candidate or Committee | WALTER MICHEL  |
|--------------------------------|--|
|                                | AND COMPANY OF THE PROPERTY OF |
| Reporting period 01/01/2016    | through 12/31/2016   |

| A. Source: Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period   |
|--|--|--|
| Full name  | 03 / 02 / 16   | proceedings to the second seco |
| DONALD CLARK   | 103 / 102 / 110  | \$ 250.00  |
| Mailing Address  |  | \$   |
| P.O. BOX 6010  |  | Y }  |
| City, State, Zip Code  |  | \$ [   |
| RIDGELAND, MS 39158  |  |  |
| Name of Employer (Required)  |  | \$ [   |
| BUTLER SNOW LAW FIRM   |  |  |
| Occupation (Required) ATTORNEY   | Aggregate<br>year–to-date  | \$ 250.00  |
| B. Source: Corporation PAC Individual V Loan   |  | Amount of each   |
| Other (please specify)   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| Full name  |  |  |
| ROYCE DELANEY  | 02 / 05 / 16   | \$ 250.00  |
| Mailing Address  | personal per |  |
| 13 NORTHTOWN DRIVE, #220   |  | \$   |
| City, State, Zip Code  | The second second  |  |
| JACKSON, MS 39211  |  | \$   |
| Name of Employer (Required)  | F , F , F  | \$ (************************************   |
| DEL CONSULTING   |  | *  |
| Occupation (Required)  | Aggregate  | \$ 250.00  |
| DOESIO FAIT  | year-to-date   | 1 (230.00  |
| PRESIDENT  | your to dute   |  |
| C. Source Corporation PAC Individual V Loan  | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period   |
| C. Source Corporation PAC Individual V Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| C. Source Corporation PAC Individual V Loan  | Date   | receipt  |
| C. Source Corporation PAC Individual V Loan  Other (please specify)  Full name   | Date<br>(Mo., Day, Year)   | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  RANDY EASTERLING   | Date<br>(Mo., Day, Year)   | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address   | Date<br>(Mo., Day, Year)   | receipt this period  \$ 250.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  | Date<br>(Mo., Day, Year)   | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code   | Date<br>(Mo., Day, Year)   | receipt this period  \$ 250.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  | Date (Mo., Day, Year)  02 / 18 / 16  1 / / /   | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BRIAN FOWLER  | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 250.00  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BRIAN FOWLER  Mailing Address  | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required) PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name BRIAN FOWLER  Mailing Address  71 WOODGATE DRIVE   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 250.00  |
| C. Source Corporation PAC Individual Loan Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD City, State, Zip Code VICKSBURG, MS 39183  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) PHYSICIAN  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name BRIAN FOWLER  Mailing Address 71 WOODGATE DRIVE City, State, Zip Code BRANDON, MS 39042  Name of Employer (Required)         | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |
| C. Source Corporation PAC Individual Loan Other (please specify)  Full name RANDY EASTERLING  Mailing Address  607 TIFFINTOWN ROAD  City, State, Zip Code VICKSBURG, MS 39183  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) PHYSICIAN  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name BRIAN FOWLER  Mailing Address 71 WOODGATE DRIVE  City, State, Zip Code BRANDON, MS 39042  Name of Employer (Required) NONE | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 250.00  \$ 250.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name RANDY EASTERLING  Mailing Address 607 TIFFINTOWN ROAD  City, State, Zip Code  VICKSBURG, MS 39183  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required) PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name BRIAN FOWLER  Mailing Address 71 WOODGATE DRIVE  City, State, Zip Code BRANDON, MS 39042  Name of Employer (Required)   | Date (Mo., Day, Year)    02  | receipt this period  \$ 250.00  \$   |

|  | Page of |
|--|---------|
| WAI TER MICHEL                                 |         |
| Name of Candidate or Committee WALTER MICHEL   |         |
| Reporting period 01/01/2016 through 12/31/2016 |         |
| ITEMIZED RECEIPTS                              |         |

| Other (please specify)  Other (please specify)  Full name  [JIM AND ANGELA HERZOG  Mailing Address  [5325 SUFFOLK DRIVE  Gity, State, Zip Code  [JACKSON, MS 39211  Name of Employer (Required)  HERZOG & HERZOG  Occupation (Required)  PSYCHOLOGIST  C. Source Corporation PAC Individual Loan Date  (Mo., Day, Year)  Amount of each receipt this period  Full name  BERNARD HOLMAN  Mailing Address  [PO. BOX 4672  Gity, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  Aggregate  (Mo., Day, Year)  Amount of each receipt this period  This period  Aggregate  (Mo., Day, Year)  Amount of each receipt this period  Amount of each receipt this period  Full name  BERNARD HOLMAN  Mailing Address  [PO. BOX 4672  Gity, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  Occupation (Required)  SELF EMPLOYED  Aggregate  year-to-date  \$ 250.00   | Other (please specify)  Full name  CLAY HAYS  Mailing Address  5 LAUREL COVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual Loan  Other (please specify)   | O3 / O5 / 16  / / / / / / / / / / / / / / / / / / / | \$ 250.00<br>\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
|--|--|---|---|
| Full name [JIM AND ANGELA HERZOG Mailing Address   J   J   J   \$   \$   \$   \$   \$   \$   \$  | Full name  CLAY HAYS  Mailing Address  5 LAUREL COVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)   | / / / / / / / / / / / / / / / / / / /               | \$ 250.00  Amount of each receipt this period                         |
| CLAYHAYS   SILUREL COVE  | CLAY HAYS  Mailing Address    5 LAUREL COVE  | / / / / / / / / / / / / / / / / / / /               | \$ 250.00  Amount of each receipt this period                         |
| STAUREL COVE   City, State, Zip Code   | S LAUREL COVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual J Loan  Other (please specify)  | year-to-date  Date (Mo., Day, Year)                 | \$   250.00   Amount of each receipt this period                      |
| SLAUREL COVE   City, State, Zip Code   | City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)   | year-to-date  Date (Mo., Day, Year)                 | \$   250.00   Amount of each receipt this period                      |
| JACKSON, MS 39211  | JACKSON, MS 39211  Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)  | year-to-date  Date (Mo., Day, Year)                 | \$ 250.00  Amount of each receipt this period                         |
| JACKSON MS 39211   JACKSON HEART CLINIC   Occupation (Required)   JACKSON HEART CLINIC   Occupation (Required)   CARDIOLOGIST   Aggregate year-to-date (Mo., Day, Year)   Other (please specify)   Other (please specify)  | Name of Employer (Required)  JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)   | year-to-date  Date (Mo., Day, Year)                 | \$ 250.00  Amount of each receipt this period                         |
| JACKSON HEART CLINIC  Occupation (Required) Cocupation (Required)  Full name  JIM AND ANGELA HERZOG  Mailing Address  S325 SUFFOLK DRIVE  City, State, Zip Code JOCKSON MS 39211  Name of Employer (Required) PAC Individual V Loan  Date (Mo., Day, Year)  Aggregate year-to-date  Amount of each receipt this period  \$ 500.00  Aggregate year-to-date  \$ 500.00  Aggregate year-to-date  Date (Mo., Day, Year)  Full name BERNARD HOLMAN  Mailing Address  P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required)  September of Employer (Required)  Full name BERNARD HOLMAN  Mailing Address P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Cocupation (Required)  Occupation (Required)  Aggregate year-to-date  Amount of each receipt  | JACKSON HEART CLINIC  Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)  | year-to-date  Date (Mo., Day, Year)                 | \$ 250.00  Amount of each receipt this period                         |
| JACKSON HEART CLINIC   Occupation (Required)   Aggregate year-to-date  | Occupation (Required)  CARDIOLOGIST  B. Source: Corporation PAC Individual V Loan  Other (please specify)  | year-to-date  Date (Mo., Day, Year)                 | \$ 250.00  Amount of each receipt this period                         |
| CARDIOLOGIST   Sear-to-date   Paccondition   PAC   Individual   Loan   Date (Mo., Day, Year)   Individual      | CARDIOLOGIST  B. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  | year-to-date  Date (Mo., Day, Year)                 | Amount of each receipt this period                                    |
| Other (please specify)    Date   | Other (please specify)   | (Mo., Day, Year)                                    | receipt<br>this period  |
| Full name   JIM AND ANGELA HERZOG  | Full name  | 02 / 18 / 16  |   |
| Jim AND ANGELA HERZOG  |  | 02 / 18 / 16  | \$ 500.00   |
| Mailing Address  |  |   |   |
| S325 SUFFOLK DRIVE   City, State, Zip Code   |  | Janes   |   |
| City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  HERZOG & HERZOG  Occupation (Required)  PSYCHOLOGIST  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  BERNARD HOLMAN  Mailing Address  P.O. BOX 4672  City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Aggregate year-to-date  \$ 500.00  Amount of each receipt this period  \$ 250.00  Aggregate year-to-date  \$ 250.00  Aggregate year-to-date  \$ 250.00  Amount of each receipt this period  Aggregate year-to-date  Amount of each receipt year-to-date  Amount of each receipt year-to-date  Amount of each receipt year-to-date   |  | <u> </u>  | \$  |
| JACKSON, MS 39211  |  |   |   |
| Name of Employer (Required)   HERZOG & HERZOG   Occupation (Required)   PSYCHOLOGIST   C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Full name   BERNARD HOLMAN   Date (Mo., Day, Year)   BERNARD HOLMAN   Date (Mo., Day, Year)   Mailing Address   D. Box 4672   Date (Mo., Day, Year)   JACKSON, MS 39296   Date (Mo., Day, Year)   SELF EMPLOYED   Date (Mo., Day, Year)   SELF EMPLOYED   Date (Mo., Day, Year)   Self Employer (Required)   Date (Mo., Day, Year)   Self Employer (Required)   Date (Mo., Day, Year)   Date (Mo., Day, Year)   Date (Mo., Day, Year)   Date (Mo., Day, Year)   PAC   Individual   Loan   Date (Mo., Day, Year)   Date (Mo., Day, Year)   Pacing   Pa |  |   | \$  |
| HERZOG & HERZOG   Cocupation (Required)   PSYCHOLOGIST   C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   Paccept this period   Cocupation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   Paccept this per   |  | December 1  |   |
| Occupation (Required) PSYCHOLOGIST  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name BERNARD HOLMAN  Mailing Address P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) OCCUPATION PAC Individual Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Full name  BROWN ADDRESS  P.O. BOX 4672  City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  OCCUPATION (Required)  OCCUPATION PAC Individual Loan  Date  Amount of each receipt  Amount of each receipt  Amount of each receipt   | (AZIS)   |   | \$  |
| PSYCHOLOGIST  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name BERNARD HOLMAN  Mailing Address P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) OIL & GAS  D. Source: Corporation PAC Individual Loan Date (Mo. Day, Year)  PSYCHOLOGIST  Amount of each receipt this period  Amount of each receipt this period  Full name  Date (Mo., Day, Year)  Amount of each receipt this period   |  | Aggregate   |   |
| C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name BERNARD HOLMAN  Mailing Address P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) OIL & GAS  D. Source: Corporation PAC Individual Loan  Date (Mo., Day, Year)  Amount of each receipt this period  \$ 250.00  \$ 250.00  Amount of each receipt this period  |  |   | ▶ 500,00  |
| Full name BERNARD HOLMAN  Mailing Address P.O. BOX 4672  City, State, Zip Code JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)   | C. Source Corporation PAC Individual Loan  |   |   |
| BERNARD HOLMAN  Mailing Address  P.O. BOX 4672  City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)   | Other (please specify)   |   | this period   |
| Mailing Address P.O. BOX 4672  City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required) SELF EMPLOYED  Occupation (Required) OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)  |  | 03 / 02 / 16  | \$ 250.00   |
| P.O. BOX 4672  City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Vear)  |  | Property Section Section                            |   |
| City, State, Zip Code  JACKSON, MS 39296  Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)   | production of the state of the  |   | \$  |
| Name of Employer (Required)//  |  | general graces, graces,                             |   |
| Name of Employer (Required)  SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual ▼ Loan □ Date  ONE Day Year □ Corporation □ PAC □ Individual □ Corporation □ Corporation □ Corporation □ Corporation □ PAC □ Individual □ Corporation □ Corpora  |  | //  | \$  |
| SELF EMPLOYED  Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)  |  | parties parties parties                             |   |
| Occupation (Required)  OIL & GAS  D. Source: Corporation PAC Individual Loan  Date  (Mo. Day Year)   |  |   | \$  |
| OIL & GAS  D. Source: Corporation PAC Individual Loan Date  Output  Date |  | Aggregate   | 6   |
| D. Source: Corporation PAC Individual Loan Date receipt  |  |   | <b>ቕ</b> [250.00  |
|  | D. Source: Corporation PAC Individual V Loan   |   | Amount of each receipt this period                                    |
|  |  | Solitativ Parisare, Security                        |   |
| Full name   02 / 18 / 16   \$ 300.00   | A STATE OF THE STA | 102 / 118 / 116                                     | \$ 300.00   |
| fuctors: furnion: furnion:   |  |   | e proposition and a second  |
| 1200 MEADOWBROOK ROAD, #38   |  |   | Ψ ]   |
| City, State, Zip Code \$   |  |   | \$ [  |
|  | JACKSON, MS 39206  | <u> </u>  | *   |
| JACKSON, MS 39206  | Name of Employer (Required)  |   | \$  |
| JACKSON, MS 39206  | Occupation (Required)  | Aggregate<br>year–to-date                           | \$ 300.00   |

| Page |  | of |  |
|------|--|----|--|
|------|--|----|--|

| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
| Reporting period 01/01/2016    | through 12/31/2016 |

| and the second s |   | Amount of each   |
|--|---|--|
| A. Source: Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)                | receipt<br>this period   |
| Full name  | 02 / 18 / 16                            | •  |
| JIM AND JANET HOUSE  | 102 1 110 1 110                         | \$ 500.00  |
| Mailing Address  |   | \$   |
| 4756 E. MASSENA DRIVE  |   | Ψ  |
| City, State, Zip Code  |   | \$ Pageting of the state of the |
| JACKSON, MS 39211  | <u> </u>                                | ¥  |
| Name of Employer (Required)  |   | \$   |
| JACKSON EAR CLINIC   |   |  |
| Occupation (Required)  | Aggregate                               | \$ 500.00  |
| PHYSICIAN  | year-to-date                            |  |
| B. Source: Corporation PAC Individual V Loan   | Date<br>(Mo., Day, Year)                | Amount of each receipt   |
| Other (please specify)   |   | this period  |
| Full name  | 03 / 02 / 16                            | \$ 250.00  |
| HADEN AND TISH HUGHES  |   |  |
| Mailing Address  |   | \$   |
| 48 AVERY CIRCLE  |   |  |
| City, State, Zip Code  |   | \$   |
| JACKSON, MS 39211  | <u> </u>                                |  |
| Name of Employer (Required)  |   | \$   |
| SELF EMPLOYED  | Aggregate                               | ,  |
| Occupation (Required) INSURANCE  | Aggregate<br>year–to-date               | \$ 250.00  |
|  | , |  |
| The page 1 to dividual 17 Loop 1   |   | Amount of each   |
| C. Source Corporation PAC Individual Loan  | Date                                    | Amount of each receipt   |
| The page 1 to dividual 17 Loop 1   | Date<br>(Mo., Day, Year)                |  |
| C. Source Corporation PAC Individual Loan Other (please specify)   | (Mo., Day, Year)                        | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  BILL AND KAREN HULETT  |   | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  BILL AND KAREN HULETT  Mailing Address   | (Mo., Day, Year)                        | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE   | (Mo., Day, Year)                        | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  | (Mo., Day, Year)                        | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110   | (Mo., Day, Year)                        | receipt this period  \$ 300.00  \$   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  | (Mo., Day, Year)                        | receipt this period  \$ 300.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address 365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY HUTCHESON   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY HUTCHESON  Mailing Address   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address 365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY HUTCHESON  Mailing Address  1904 ROSEBERRY DRIVE  City, State, Zip Code  SCOTTSBORO, AL 35769   | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)  Full name ROY HUTCHESON  Mailing Address  1904 ROSEBERRY DRIVE  City, State, Zip Code  SCOTTSBORO, AL 35769  Name of Employer (Required)  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY HUTCHESON  Mailing Address  1904 ROSEBERRY DRIVE  City, State, Zip Code  SCOTTSBORO, AL 35769  Name of Employer (Required)  HUTCHESON ENTERPRISES  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name BILL AND KAREN HULETT  Mailing Address  365 LAKESHORE DRIVE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NONE  Occupation (Required)  RETIRED  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)  Full name ROY HUTCHESON  Mailing Address  1904 ROSEBERRY DRIVE  City, State, Zip Code  SCOTTSBORO, AL 35769  Name of Employer (Required)  | (Mo., Day, Year)    02                  | receipt this period  \$ 300.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |

| Name of Candidate or Committee   WALTER MICHEL   | Page of _ |
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| THE PROPERTY OF THE PROPERTY O |           |
| Reporting period 01/01/2016 through 12/31/2016   |           |
| ITEMIZED RECEIPTS  |           |
| pour pour pour   | 5         |

| A. Source: Corporation PAC Individual V Loan   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period   |
|--|---|--|
| Other (please specify) 1 Full name   |   |  |
| RANDY JAMES  | 03 / 02 / 16  | \$ 1000.00   |
| Mailing Address  | parties parties parties   | 2014-00-00-00-00-00-00-00-00-00-00-00-00-00  |
| 217 W. CAPITOL STREET, #201  | 트/트/트   | \$   |
| City, State, Zip Code  | harvana: haveners hamana.   |  |
| JACKSON, MS 39201  | <u> </u>  | \$   |
| Name of Employer (Required)  | process process   |  |
| PRUET COMPANIES  | <u> </u>  | \$   |
| Occupation (Required)  | Aggregate   |  |
| OWNER  | year-to-date  | \$ 1000.00   |
| B. Source: Corporation PAC Individual V Loan   | Date  | Amount of each   |
| Other (please specify)   | (Mo., Day, Year)  | receipt<br>this period   |
| Full name  | 03 / 10 / 16  | \$ 500.00  |
| SCOTT AND JULIE KOESTLER   |   | \$ 500.00  |
| Mailing Address  |   | \$   |
| 432 GREENWOOD LANE   |   | Ψ Ι  |
| City, State, Zip Code  |   | \$   |
| RIDGELAND, MS 39157  | <u> </u>  | <b>Y</b>   |
| Name of Employer (Required)  |   | \$   |
| KOESTLER, INC.   |   |  |
| Occupation (Required)  | Aggregate<br>vear–to-date   | \$ 500.00  |
| PRESIDENT  | vear-to-uate  | C  |
|  |   |  |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)  | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  | Date  | receipt  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  | Date<br>(Mo., Day, Year)  | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON   | Date<br>(Mo., Day, Year)  | receipt<br>this period   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address  | Date<br>(Mo., Day, Year)  | receipt this period  \$ 500.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308   | Date<br>(Mo., Day, Year)  | receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  | Date<br>(Mo., Day, Year)  | receipt this period  \$ 500.00  \$   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  | receipt this period  \$ 500.00   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  | Date<br>(Mo., Day, Year)  | receipt this period  \$ 500.00  \$   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date                        | receipt this period  \$ 500.00  \$ 500.00  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO   | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1 / 1  Aggregate                                   | receipt this period  \$ 500.00  \$ 500.00  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period                       |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan   | Date (Mo., Day, Year)  03 / 02 / 16  16 / 16  17 / 17  Aggregate year-to-date  Date         | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt                                   |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00            |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BILLY W. LONG  Mailing Address  110 COACHMAN'S ROAD  | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period                       |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BILLY W. LONG  Mailing Address  110 COACHMAN'S ROAD  City, State, Zip Code   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 100.00 |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address  P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BILLY W. LONG  Mailing Address  110 COACHMAN'S ROAD  City, State, Zip Code  MADISON, MS 39110                             | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00            |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BILLY W. LONG  Mailing Address  110 COACHMAN'S ROAD  City, State, Zip Code   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 100.00 |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  LESLIE LAMPTON  Mailing Address P.O. BOX 1308  City, State, Zip Code  JACKSON, MS 39215  Name of Employer (Required)  ERGON  Occupation (Required)  CEO  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  BILLY W. LONG  Mailing Address  110 COACHMAN'S ROAD  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required) | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 500.00  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 250.00  \$ 1      |

| Page | of |  |
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| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
| Reporting period 01/01/2016    | through 12/31/2016 |

| A. Source: Corporation PAC Individual Loan   | Date<br>(Mo., Day, Year)        | Amount of each receipt this period  |
|--|---------------------------------|---|
| Other (please specify)   | [or , ] 11                      | CONTRACTOR OF THE PARTY OF THE |
| J. CON MALONEY   | 05 / 11 / 16                    | \$ 500.00   |
| Mailing Address  |                                 | \$  |
| 1313 HARDING STREET  |                                 |   |
| City, State, Zip Code  |                                 | \$  |
| JACKSON, MS 39202  | <u></u>                         |   |
| Name of Employer (Required)  | $\square_I \square_I \square_I$ | \$  |
| COWBOY MALONEY   | Aggregate                       |   |
| Occupation (Required) OWNER  | year-to-date                    | \$ 500.00   |
| B. Source: Corporation PAC Individual Loan   | Date                            | Amount of each receipt  |
| Other (please specify)   | (Mo., Day, Year)                | this period   |
| Full name  | 02 / 18 / 16                    | \$ 500.00   |
| JOHNNY MALONEY   |                                 | 7 (300,00   |
| Mailing Address  |                                 | \$  |
| 1313 HARDING STREET  |                                 | No. 1974 1974 1974 1974 1974 1974 1974 1974   |
| City, State, Zip Code  |                                 | \$  |
| JACKSON, MS 39202  |                                 |   |
| Name of Employer (Required) COWBOY MALONEY   |                                 | \$  |
| Occupation (Required)  | Aggregate                       | e   |
| OWNER  | year-to-date                    | \$ 500.00   |
| C. Source Corporation PAC Individual Loan  | Date                            | Amount of each  |
| Other Inlease specify)   | (Mo., Day, Year)                | receipt<br>this period  |
| Other (please specify)   | (Mo., Day, Year)                | this period   |
| Full name  |                                 |   |
|  | (Mo., Day, Year)                | \$ 350.00   |
| Full name<br>JOHN AND LINDA MARCHETTI  | (Mo., Day, Year)                | this period   |
| Full name JOHN AND LINDA MARCHETTI  Mailing Address  | (Mo., Day, Year)                | \$ 350.00   |
| Full name JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE   | (Mo., Day, Year)                | \$ 350.00   |
| Full name JOHN AND LINDA MARCHETTI  Mailing Address 2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)   | (Mo., Day, Year)                | \$ 350.00   |
| Full name JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211   | (Mo., Day, Year)    02          | \$ 350.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  | (Mo., Day, Year)    02          | \$ 350.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual / Loan  | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual V Loan  Other (please specify)  | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  JOHN AND SHELIA MCCULLOUCH   | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ 5 50.00  \$ 350.00  Amount of each receipt this period  \$ 300.00  |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  JOHN AND SHELIA MCCULLOUCH  Mailing Address  114 BRIDGEVIEW CIRCLE   | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  JOHN AND SHELIA MCCULLOUCH  Mailing Address  114 BRIDGEVIEW CIRCLE  City, State, Zip Code                      | (Mo., Day, Year)    02          | this period  \$ 350.00  \$ 5 50.00  \$ 350.00  Amount of each receipt this period  \$ 300.00  |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  JOHN AND SHELIA MCCULLOUCH  Mailing Address  114 BRIDGEVIEW CIRCLE  City, State, Zip Code  RIDGELAND, MS 39157 | (Mo., Day, Year)    02          | this period  \$   350.00    \$  |
| Full name  JOHN AND LINDA MARCHETTI  Mailing Address  2204 CULLEYWOOD DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  MARCHETTI, ROBERTSON & BRICKELL INSURANCE & BONDING  Occupation (Required)  PRESIDENT  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  JOHN AND SHELIA MCCULLOUCH  Mailing Address  114 BRIDGEVIEW CIRCLE  City, State, Zip Code                      | (Mo., Day, Year)    02          | this period  \$ 350.00  \$  |

| Page | of |  |
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|      |    |  |

| Name of Candidate or Committee | WALTER MICHEL      |
|--------------------------------|--------------------|
| _                              |                    |
| Reporting period 101/01/2016   | through 12/31/2016 |

| A. Source: Corporation PAC Individual Loan   | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
|--|--|---|
| Other (please specify)  Full name  | party pressure   |   |
| LEE MILLER   | 02 / 18 / 16   | \$ 250.00   |
| Mailing Address  |  | A   |
| 222 BELLEWETHER PASS   |  | \$  |
| City, State, Zip Code  | Date of the latest of the late | A promotor contract of  |
| RIDGELAND, MS 39157  |  | \$  |
| Name of Employer (Required)  |  | \$  |
| MILLER TRANSPORTERS  |  |   |
| Occupation (Required)  | Aggregate  | \$ 250.00   |
| PRESIDENT  | year-to-date   | · · · · · · · · · · · · · · · · · · ·   |
| B. Source: Corporation PAC Individual V Loan   | Date   | Amount of each receipt  |
| Other (please specify)   | (Mo., Day, Year)   | this period   |
| Full name  | 02 / 18 / 16   | ¢   |
| JOHN PALMER  | 102 / 110 / 110  | \$ 250.00   |
| Mailing Address  | The second second  | \$  |
| P.O. BOX 3747  |  | Ψ   |
| City, State, Zip Code  |  | •   |
| JACKSON, MS 39207  |  | \$  |
| Name of Employer (Required)  |  | \$  |
| NONE   |  | ¥ 1   |
| Occupation (Required)  | Aggregate  | \$ 250.00   |
| RETIRED  | year-to-date   | <u> </u>  |
|  |  |   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period  |
| Other (please specify)   | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)  Full name  DOUG AND LARAINE PANZONE  |  | receipt   |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address  | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE   | (Mo., Day, Year)   | receipt this period   |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  | (Mo., Day, Year)   | receipt this period   |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211   | (Mo., Day, Year)   | receipt this period  \$ 250.00  \$  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  | (Mo., Day, Year)   | receipt this period  \$ 250.00  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  PANZONE & CO.  Occupation (Required)  | (Mo., Day, Year)    03   | receipt this period  \$ 250.00  \$  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  | (Mo., Day, Year)  03 / 02 / 16  1 / 1 / 1  1 / 1 / 1   | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  PANZONE & CO.  Occupation (Required)  | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date  | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  | (Mo., Day, Year)    03   | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                  |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual V Loan  | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt this period                          |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required) OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name TOM QUAKA  | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date  | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt                                      |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOM QUAKA  Mailing Address   | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt this period                          |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name TOM QUAKA  Mailing Address  5104 CANTON HEIGHTS DRIVE   | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00  \$ |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required) OWNER  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name TOM QUAKA  Mailing Address 5104 CANTON HEIGHTS DRIVE  City, State, Zip Code   | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 500.00  Amount of each receipt this period  \$ 500.00                |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOM QUAKA  Mailing Address  5104 CANTON HEIGHTS DRIVE  City, State, Zip Code  JACKSON, MS 39211                            | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt this period  \$ 500.00  \$ 500.00    |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required) OWNER  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name TOM QUAKA  Mailing Address 5104 CANTON HEIGHTS DRIVE  City, State, Zip Code   | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 250.00  \$ 250.00  Amount of each receipt this period  \$ 500.00  \$ |
| Other (please specify)  Full name DOUG AND LARAINE PANZONE  Mailing Address 2030 HERITAGE HILL DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) PANZONE & CO.  Occupation (Required)  OWNER  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name TOM QUAKA  Mailing Address 5104 CANTON HEIGHTS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required) | (Mo., Day, Year)  O3 / O2 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)   | receipt this period  \$ 250.00  \$ 5 50.00  Amount of each receipt this period  \$ 500.00  \$ 500.00    |

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|      |            |    |  |

| Name of Candidate or Committee | WALTER MICHEL      |  |
|--------------------------------|--------------------|--|
| Reporting period 01/01/2016    | through 12/31/2016 |  |

| A. Source: Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)   | Amount of each receipt this period  |
|--|--|---|
| Full name  | 02 / 02 / 16   | \$ 1000.00  |
| CHARLIE AND SHARON ROSS  |  | Ψ 11000.00  |
| Mailing Address  |  | \$  |
| 105 MICHAEL COVE   |  | X   |
| City, State, Zip Code  |  | \$  |
| BRANDON, MS 39047  |  | Ψ   |
| Name of Employer (Required)  |  | \$  |
| WISE CARTER CHILD & CARAWAY  |  | E Andreas - V-T-  |
| Occupation (Required) ATTORNEY   | Aggregate  | \$ 1000.00  |
| B. Source: Corporation PAC Individual Loan   | year-to-date   | Amount of each  |
|  | Date<br>(Mo., Day, Year)   | receipt   |
| Other (please specify)   | (Mo., Day, Tear)   | this period   |
| Full name  | 03 / 03 / 16   | \$ 500.00   |
| WILLIAM SMITH, III   |  | . 1300.00   |
| Mailing Address  |  | \$ [  |
| 4216 N. HONEYSUCKLE LANE   |  |   |
| City, State, Zip Code  |  | \$  |
| JACKSON, MS 39211  |  |   |
| Name of Employer (Required) WATKINS & EAGER  | / <u>/</u>   | \$  |
| Occupation (Required)  | Aggregate  | \$ 500.00   |
| ATTORNEY   | year-to-date   | . 1500.00   |
|  |  |   |
| C. Source Corporation PAC Individual Loan Other (please specify)   | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period  |
| Other (please specify)   | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)   |  | receipt   |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  | (Mo., Day, Year)   | receipt<br>this period  |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  | (Mo., Day, Year)   | receipt this period   |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code   | (Mo., Day, Year)   | receipt this period  \$ 1000.00   |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110   | (Mo., Day, Year)   | receipt this period   |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code   | (Mo., Day, Year)   | receipt this period  \$ 1000.00   |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  | (Mo., Day, Year)   | receipt this period  \$ 1000.00  \$ \$  |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE   | (Mo., Day, Year)  03 / 07 / 16  1 / 1 / 1  Aggregate year-to-date                        | receipt this period  \$ 1000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                       |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN   | (Mo., Day, Year)  03 / 07 / 16  1 / 1 / 1  1 / 1 / 1  Aggregate                          | receipt this period  \$ 1000.00  \$   |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual / Loan   | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period                         |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES   | (Mo., Day, Year)  03 / 07 / 16  1 / 1 / 1  Aggregate year-to-date  Date                  | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt                                     |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES  Mailing Address  | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period                         |
| Other (please specify)  Full name JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES  Mailing Address  P.O. BOX 741   | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00             |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES  Mailing Address  P.O. BOX 741  City, State, Zip Code   | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00             |
| Full name JEFFREY SUMMERS Mailing Address 15 TWELVE OAKS PLACE City, State, Zip Code MADISON, MS 39110 Name of Employer (Required) NEW SOUTH NEURO SPINE Occupation (Required) PHYSICIAN D. Source: Corporation PAC Individual Loan Other (please specify)  Full name TOMMY THAMES Mailing Address P.O. BOX 741 City, State, Zip Code JACKSON, MS 39205  | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES  Mailing Address  P.O. BOX 741  City, State, Zip Code   | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |
| Other (please specify)  Full name  JEFFREY SUMMERS  Mailing Address  15 TWELVE OAKS PLACE  City, State, Zip Code  MADISON, MS 39110  Name of Employer (Required)  NEW SOUTH NEURO SPINE  Occupation (Required)  PHYSICIAN  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOMMY THAMES  Mailing Address  P.O. BOX 741  City, State, Zip Code  JACKSON, MS 39205  Name of Employer (Required) | (Mo., Day, Year)  O3 / O7 / 16  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 1000.00  \$ 1000.00  \$ 1000.00  Amount of each receipt this period  \$ 1000.00  \$ 1000.00 |

| Name of Candidate or Committee | WALTER MICHEL      | Page of |
|--------------------------------|--------------------|---------|
| Reporting period 01/01/2016    | through 12/31/2016 |         |
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| A. Source: Corporation PAC Individual Loan  | Date<br>(Mo., Day, Year)  | Amount of each receipt   |
|---|---|--|
| Other (please specify)  | (men, buy, rear)  | this period  |
| Full name CHIP TRIPLETT   | 02 / 15 / 16  | \$ 500.00  |
| Mailing Address   | SATURATE PROBLEM ASSESSED.  |  |
|   |   | \$   |
| 2 BRIDGEMONT LANE   |   | S  |
| City, State, Zip Code   |   | \$   |
| RIDGELAND, MS 39157   |   |  |
| Name of Employer (Required)   |   | \$   |
| THE PARK COMPANIES Occupation (Required)  |   |  |
| PRESIDENT   | Aggregate<br>year–to-date   | \$ 500.00  |
| B. Source: Corporation PAC Individual V Loan  | D-4-  | Amount of each   |
| Other (please specify)  | Date<br>(Mo., Day, Year)  | receipt<br>this period   |
| Full name   | [02 . [10 . [1c]  | * Section to Contract the Contract to Cont |
| BILLY WALKER  | 02 / 18 / 16  | \$ 250.00  |
| Mailing Address   | Province process  |  |
| 60 ST. ANDREWS PLACE  |   | \$   |
| City, State, Zip Code   |   |  |
| JACKSON, MS 39211   | / /   | \$   |
| Name of Employer (Required)   |   | <u> </u>   |
| DERMATOPATHOLOGY ASSOCIATES   | <u>                                   </u>  | \$   |
| Occupation (Required)   | Aggregate   | \$ 250.00  |
| PHYSICIAN   | year-to-date  | \$ 250.00  |
|   |   |  |
| C. Source Corporation PAC Individual Loan   | Date  | Amount of each receipt   |
| Other (please specify)  |   |  |
| Other (please specify)  | Date  | receipt<br>this period   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  | Date<br>(Mo., Day, Year)  | receipt<br>this period   |
| Other (please specify)  Full name  HARRY AND DEERY WALKER  Mailing Address  | Date<br>(Mo., Day, Year)  | receipt<br>this period   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  | Date<br>(Mo., Day, Year)  | receipt this period  |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code   | Date<br>(Mo., Day, Year)  | receipt this period  |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  | Date<br>(Mo., Day, Year)  | receipt this period  \$ 250.00   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  | Date<br>(Mo., Day, Year)  | receipt this period  \$ 250.00   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)   | Date<br>(Mo., Day, Year)  | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate year-to-date                      | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address 148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING   | Date (Mo., Day, Year)  03 / 02 / 16  1 / / /  Aggregate                                   | receipt this period  \$ 250.00  \$ 5   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual / Loan  | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD   | Date (Mo., Day, Year)  03 / 02 / 16  16 / 16  17 / 16  Aggregate year-to-date  Date       | receipt this period  \$ 250.00  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  4230 QUAIL RUN ROAD   | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address 148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  4230 QUAIL RUN ROAD  City, State, Zip Code   | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  4230 QUAIL RUN ROAD  City, State, Zip Code  JACKSON, MS 39211   | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   250.00  |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  4230 QUAIL RUN ROAD  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  HORNE CPA | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$   |
| Other (please specify)  Full name HARRY AND DEERY WALKER  Mailing Address  148 ST. ANDREWS DRIVE  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)  TRUSTMARK  Occupation (Required)  BANKING  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  ROY AND MARY EVELYN WARD  Mailing Address  4230 QUAIL RUN ROAD  City, State, Zip Code  JACKSON, MS 39211  Name of Employer (Required)            | Date (Mo., Day, Year)  03 / 02 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year) | receipt this period  \$ 250.00  \$ 5 500.00  Amount of each receipt this period  \$ 500.00  \$ 500.00  |

| Page | 1 | of |  |
|------|---|----|--|
|      |   |    |  |

| Name of Candidate or Committee | WALTER MICHEL      |  |
|--------------------------------|--------------------|--|
| Reporting period 01/01/2016    | through 12/31/2016 |  |

| A. Source: Corporation PAC Individual Loan Other (please specify)  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
|--|---|---|
| Full name  | 100 4104 4106   |   |
| ANDREW MATTIACE (IN-KIND CONTRIBUTION)   | 02 / 24 / 16  | \$ 400.00   |
| Mailing Address  |   |   |
| 125 S. CONGRESS STREET   |   | \$ [  |
| City, State, Zip Code  | Patronature, Intelligence, Intelligence   | A   |
| JACKSON, MS 39201  |   | \$ [  |
| Name of Employer (Required)  | T , T , T   | •   |
| MATTIACE PROPERTIES  | /   | \$  |
| Occupation (Required)  | Aggregate   | \$ 400.00   |
| PRESIDENT  | year-to-date  | ¥ 1400.00   |
| B. Source: Corporation PAC Individual Loan   | Date  | Amount of each receipt  |
| Other (please specify)   | (Mo., Day, Year)  | this period   |
| Full name  | 02 / 24 / 16  | \$ 350.00   |
| CLIFFORD THOMPSON (IN-KIND CONTRIBUTION)   |   | + 1530.00   |
| Mailing Address  |   | \$  |
| P.O. BOX 16490   | <u> </u>  | ¥ <u>1</u>  |
| City, State, Zip Code  |   | \$ [  |
| JACKSON, MS 39236  |   | Ψ ]   |
| Name of Employer (Required)  |   | \$ [  |
| THOMPSON & ASSOCIATES  |   |   |
| Occupation (Required)  | Aggregate   | \$ 350.00   |
| 1  |   |   |
| ATTORNEY   | year-to-date  |   |
| ATTORNEY  C. Source Corporation PAC Individual Loan  Other (please specify)  | year-to-date  Date (Mo., Day, Year)   | Amount of each receipt this period  |
| Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| C. Source Corporation PAC Individual Loan  | Date  | Amount of each receipt  |
| Other (please specify)   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 8409.88  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 8409.88  |
| Other (please specify)  C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  | Date (Mo., Day, Year)  12 / 31 / 16  / / / /                                      | Amount of each receipt this period  \$ 8409.88  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  \$ 8409.88  |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Occupation (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Interest, Income, Dividends   | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  Aggregate year-to-date              | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Occupation (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name   | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOTAL NON-ITEMIZED CONTRIBUTIONS  | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Occupation (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name   | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOTAL NON-ITEMIZED CONTRIBUTIONS  | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify) LLC  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Occupation (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOTAL NON-ITEMIZED CONTRIBUTIONS  Mailing Address  City, State, Zip Code | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Other (please specify)  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOTAL NON-ITEMIZED CONTRIBUTIONS  Mailing Address  | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| C. Source Corporation PAC Individual Loan  Other (please specify) LLC  Full name FIDELITY BROKERAGE SERVICES, LLC  Mailing Address  100 SUMMER STREET  City, State, Zip Code  BOSTON, MA 02110  Name of Employer (Required)  Occupation (Required)  Interest, Income, Dividends  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  TOTAL NON-ITEMIZED CONTRIBUTIONS  Mailing Address  City, State, Zip Code | Date (Mo., Day, Year)  12 / 31 / 16  / / / /  / / /  Aggregate year-to-date  Date | Amount of each receipt this period  \$ 8409.88  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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|                                      | WALTER MICI |
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| Name of Candidate or Committee       |             |
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Reporting period 01/01/2016 through 12/31/2016

| A. Full name D2 TECH SOLUTIONS                        | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 328 KINGSBRIDGE ROAD                  | 04 / 11 / 16              | <b>\$</b> 208.65                        |
| City, State, Zip Code<br>MADISON, MS 39110            | 05 / 11 / 16              | <b>\$</b> 53.50                         |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$ 262.15                               |
| B. Full name<br>CENTRAL MISSISSIPPI REPUBLICANS       | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>1022 HIGHLAND COLONY PARKWAY, #101 | 03 / 21 / 16              | \$ 800.00                               |
| City, State, Zip Code<br>RIDGELAND, MS 39157          |                           | \$                                      |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$ 800.00                               |
| C. Full name<br>ASAP PRINTING                         | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>2801 LAYFAIR DRIVE                 | 01 / 26 / 16              | \$ 852.28                               |
| City, State, Zip Code<br>FLOWOOD, MS 39232            | 10 / 17 / 16              | <b>\$</b> 158.70                        |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | <b>\$</b> 1010.98                       |
| D. Full name<br>CHARLES BARBOUR                       | Date (Ma. Pay Year)       | Amount of each                          |
| Mailing Address                                       | (Mo., Day, Year)          | disbursement this period                |
| 4612 TRAWICK DRIVE                                    | 03 / 07 / 16              | <b>\$</b> 1400.00                       |
| City, State, Zip Code<br>JACKSON, MS 39211            |                           | \$                                      |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | <b>\$</b> 1400.00                       |
| E. Full name<br>U.S. POST OFFICE                      | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>401 E. SOUTH STREET                | 02 / 04 / 16              | <b>\$</b> 735.00                        |
| City, State, Zip Code<br>JACKSON, MS 39201            | 10 / 18 / 16              | \$ 480.00                               |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | <b>\$</b> 1215.00                       |
|   |                           | _                                       |
| F. Full name<br>RING LIMITED, LLC                     | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
|   |                           |   |
| RING LIMITED, LLC  Mailing Address                    | (Mo., Day, Year)          | disbursement this period                |

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| Name of Candidate or Committee | WALTER MICHEL                |
|--------------------------------|------------------------------|
| Reporting period 01/01/2016    | 12/31/2016<br><b>through</b> |

| A. Full name RIDGELAND CHAMBER OF COMMERCE         | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
|--|---------------------------|---|
| Mailing Address<br>P.O. BOX 194                    | 02 / 17 / 16              | § 280.00                                |
| City, State, Zip Code<br>RIDGELAND, MS 39158       | 10 / 03 / 16              | <b>\$</b> 280.00                        |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | <b>\$</b> 560.00                        |
| B. Full name<br>STEPHANIE JONES                    | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>316 RIDGE PARK DRIVE            | 02 / 19 / 16              | <b>\$</b> 500.00                        |
| City, State, Zip Code<br>RAYMOND, MS 39154         | 08 / 11 / 16              | <b>\$</b> 199.92                        |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | § 699.92                                |
| C. Full name<br>QUILL                              | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>P.O. BOX 37600                  | 02 / 16 / 16              | \$ 105.59                               |
| City, State, Zip Code<br>PHILADELPHIA, PA 19101    | 05 / 19 / 16              | <b>\$</b> 423.53                        |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | <b>\$</b> 529.12                        |
| D. Full name<br>RJ YOUNG COMPANY                   | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>P.O. BOX 40963                  | 01 / 21 / 16              | <b>\$</b> 342.79                        |
| City, State, Zip Code<br>NASHVILLE, TN 37204       |                           | \$                                      |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | <b>\$</b> 342.79                        |
| E. Full name<br>MADISON COUNTY CHAMBER OF COMMERCE | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>618 CRESCENT BOULEVARD, #101    | 10 / 18 / 16              | <b>\$</b> 179.00                        |
| City, State, Zip Code<br>RIDGELAND, MS 39157       | 12 / 15 / 16              | <b>\$</b> 85.00                         |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | <b>\$</b> 264.00                        |
| F. Full name<br>MIKE CHANEY CAMPAIGN               | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br>P.O. BOX 23242                  | 08 / 15 / 16              | <b>\$</b> 250.00                        |
| City, State, Zip Code<br>JACKSON, MS 39225         |                           | \$                                      |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date | \$ 250.00                               |

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| Name of Candidate or Committee | WALTER MICHEL      |
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| Reporting period               | through 12/31/2016 |

| A. Full name<br>CLARION LEDGER                  | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
|---|---|---|
| Mailing Address<br>P.O. BOX 23067               | 05 / 15 / 16                                  | \$ 853.47                               |
| City, State, Zip Code<br>JACKSON, MS 39225      | 12 / 14 / 16                                  | <b>\$</b> 228.24                        |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | \$ 1081.71                              |
| B. Full name<br>CONNIE COCHRAN CAMPAIGN         | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address 6 DRAKE LANDING                 | 07 / 27 / 16                                  | <b>\$</b> 300.00                        |
| City, State, Zip Code<br>RAYMOND, MS 39154      |   | \$                                      |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | \$ 300.00                               |
| C. Full name<br>CSPIRE WIRELESS                 | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address P.O. BOX 519                    | 06 / <sup>15</sup> / 16                       | <b>\$</b> 433.65                        |
| City, State, Zip Code<br>MEADVILLE, MS 39653    | 12 / 15 / 16                                  | <b>\$</b> 440.38                        |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | \$ 874.03                               |
| D. Full name CUSTOM PRODUCTS CORPORATION        | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address P.O. BOX 54091                  | <sup>02</sup> / <sup>05</sup> / <sup>16</sup> | <b>\$</b> 2043.70                       |
| City, State, Zip Code<br>JACKSON, MS 39288      | 03 / 02 / 16                                  | \$ 80.25                                |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | <b>\$</b> 2123.95                       |
| E. Full name<br>GARRETT MCINNIS                 | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address 1511 LAKE ESTATES DRIVE         | 02 / 26 / 16                                  | <b>\$</b> 2196.91                       |
| City, State, Zip Code<br>HATTIESBURG, MS 39402  | 03 / 09 / 16                                  | <b>\$</b> 5000.00                       |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | <b>\$</b> 7196.91                       |
| F. Full name<br>IMPACT MANAGEMENT GROUP, INC.   | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address<br>124 W. CAPITOL AVENUE, #1886 | 03 /23 /16                                    | \$ 750.00                               |
| City, State, Zip Code<br>LITTLE ROCK, AR 72201  |   | \$                                      |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date                     | <b>\$</b> 750.00                        |

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| Name of Candidate or Committee | WALTER MICHEL         |
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| Reporting period 01/01/2016    | 12/31/2016<br>through |

| A. Full name                                 | Date  | Amount of each                          |
|--|---|---|
| MADISON COUNTY JOURNAL                       | (Mo., Day, Year)                              | disbursement this period                |
| Mailing Address                              | 02 ,26 ,16                                    | 2206 50                                 |
| P.O. BOX 219                                 | $\frac{02}{2} / \frac{26}{2} / \frac{16}{2}$  | \$ 3206.50                              |
| City, State, Zip Code                        | 03 ,04 ,16                                    | s 600.00                                |
| RIDGELAND, MS 39158                          |   | 3                                       |
| Purpose of Disbursement (Optional)           | Aggregate<br>Year-to-date                     | <b>§</b> 3806.50                        |
| B. Full name                                 | Date  | Amount of each                          |
| NORTHSIDE SUN                                | (Mo., Day, Year)                              | disbursement this period                |
| Mailing Address                              | <sup>02</sup> / <sup>26</sup> / <sup>16</sup> | s 3191.40                               |
| P.O. BOX 16709                               |   | D .                                     |
| City, State, Zip Code                        | 04 / 11 / 16                                  | ¢ 734.83                                |
| JACKSON, MS 39236                            |   | \$ 734.83                               |
| Purpose of Disbursement (Optional)           | Aggregate<br>Year-to-date                     | \$ 3926.23                              |
| C. Full name                                 |   |   |
| ROTARY CLUB OF JACKSON                       | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address<br>P.O. BOX 3807             | 02 / 16 / 16                                  | <b>\$</b> 260.00                        |
| City, State, Zip Code<br>JACKSON, MS 39207   | 12 / 12 / 16                                  | <b>\$</b> 285.00                        |
| Purpose of Disbursement (Optional)           | Aggregate<br>Year-to-date                     | <b>\$</b> 545.00                        |
| D. Full name                                 | rour to date                                  |   |
| STRATEGIC PARTNERS & MEDIA                   | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address<br>1851A MCGUCKIAN STREET    | 01 / <u>27</u> / <u>16</u>                    | \$ 5000.00                              |
| City, State, Zip Code                        |   |   |
| ANNAPOLIS, MD 21401                          | $\frac{02}{2} / \frac{12}{2} / \frac{16}{2}$  | <b>\$</b> 13700.00                      |
| Purpose of Disbursement (Optional)           | Aggregate<br>Year-to-date                     | <b>\$</b> 18700.00                      |
| E. Full name                                 |   |   |
| TELEPAK NETWORKS                             | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address                              | 09 , 20 , 16                                  |   |
| 1018 HIGHLAND COLONY PARKWAY                 | <u> </u>                                      | <b>\$</b> 301.40                        |
| City, State, Zip Code<br>RIDGELAND, MS 39157 | 12 / 20 / 16                                  | <b>\$</b> 226.05                        |
| Purpose of Disbursement (Optional)           | Aggregate                                     | <b>\$</b> 527.45                        |
|  | Year-to-date                                  |   |
| F. Full name<br>TRIUMPH CAMPAIGNS            | Date<br>(Mo., Day, Year)                      | Amount of each disbursement this period |
| Mailing Address                              |   |   |
| 325 N. PRESIDENT STREET, 2ND FLOOR           | $\frac{02}{-} / \frac{26}{-} / \frac{16}{-}$  | <b>\$</b> 35420.83                      |
| City, State, Zip Code<br>IACKSON, MS 39202   | 03 / 04 / 16                                  | <b>\$</b> 28686.40                      |
| Purpose of Disbursement (Optional)           | Aggregate<br>Year-to-date                     | \$ 64107.23                             |

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| Name of Candidate or Committee | WALTER MICHEL      |  |
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| Reporting period 01/01/2016    | through 12/31/2016 |  |

| A. Full name<br>WALTER MICHEL                 | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
|---|---------------------------|---|
| Mailing Address 2660 RIDGEWOOD ROAD, #101     | 03 / 16 / 16              | § 471.71                                |
| City, State, Zip Code<br>JACKSON, MS 39216    | 07 / 11 / 16              | <b>\$</b> 681.37                        |
| Purpose of Disbursement (Optional)            | Aggregate<br>Year-to-date | <b>\$</b> 1153.08                       |
| B. Full name WISE CARTER CHILD & CARAWAY      | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address P.O. BOX 651                  | 05 / 03 / 16              | <b>\$</b> 13649.65                      |
| City, State, Zip Code<br>JACKSON, MS 39205    |                           | \$                                      |
| Purpose of Disbursement (Optional)            | Aggregate<br>Year-to-date | \$ 13649.65                             |
| C. Full name TOTAL NON-ITEMIZED DISBURSEMENTS | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                               |                           | <b>\$</b> 3152.35                       |
| City, State, Zip Code                         | //                        | \$                                      |
| Purpose of Disbursement (Optional)            | Aggregate<br>Year-to-date | <b>\$</b> 3152.35                       |
| D. Full name                                  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                               | //                        | s                                       |
| City, State, Zip Code                         |                           | \$                                      |
| Purpose of Disbursement (Optional)            | Aggregate<br>Year-to-date | \$                                      |
| E. Full name                                  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                               |                           | \$                                      |
| City, State, Zip Code                         |                           | \$                                      |
| Purpose of Disbursement (Optional)            | Aggregate<br>Year-to-date | \$                                      |
| F. Full name                                  | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address                               | _'_'                      | \$                                      |
| City, State, Zip Code                         |                           | \$                                      |
| drpose of Disbursement (Optional)             | Aggregate<br>Year-to-date | \$                                      |